

<b>Case Number:</b>	CM14-0020231		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/03/1997
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female injured on April 03, 1997. The current diagnosis indicates a sprain, right knee osteoarthritis, numerous secondary diagnoses and treatment with viscosupplementation has been completed. A modified approval of three sessions of aquatic therapy is noted. In addition to the aquatic therapy, a home exercise protocol was encouraged. Topical compounded preparations are employed to address the pain complaints. A diagnosis of advanced osteoarthritis of the left knee was made in October, 2013. The five injections of viscosupplementation were completed. No utility is identified.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**AQUATIC THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE NECK, BACK, RIGHT SHOULDER. LEFT HIP AND BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** When noting the date of injury, the injury sustained, the comorbidities as well as the treatment already rendered there is no clinical indication for any additional aquatic

therapy. All that would be supported is a home exercise protocol emphasizing overall fitness, conditioning and achieving an ideal body weight. There is no data presented to suggest that aquatic therapy versus land-based therapy is a preferential treatment. Therefore, based on the data reviewed this request is not clinically indicated.