

<b>Case Number:</b>	CM14-0020588		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 claimant is a 45-year-old gentleman who, on September 19, 2012, sustained an injury to the low back and left knee when he tripped over a pallet jack. A December 13, 2013 follow-up examination showed continued left knee and low back complaints and indicated that the claimant was awaiting approval for epidural steroid injections to the lumbar spine as well as viscosupplementation injections to the knee. Physical examination showed positive straight leg raising with tenderness to palpation of the back but no neurologic deficit. The working diagnoses were status post left knee arthroscopy with degenerative changes as well as lumbar spine degenerative disc syndrome with spondylolisthesis. The recommendation at that visit was for twelve sessions of aquatic therapy for continued treatment while awaiting authorization for above mentioned injectables. An examination of the knee dated September 6, 2013 showed tenderness over the patella and infrapatellar structures, +1 crepitation and positive McMurray's testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 AQUATIC THERAPY SESSIONS FOR THE LUMBAR SPINE AND LEFT KNEED, 2X/WK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY; PHYSICAL MEDICINE Page(s): 22; 98-99.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, aquatic therapy for twelve sessions for the employee's left knee and low back would not be indicated. In the chronic setting the Chronic Pain Guidelines would support the use of physical therapy for an acute exacerbation of pain complaints but only recommend up to nine to ten visits for the diagnosis of myositis or myalgias. The specific request for twelve sessions of aquatic therapy in this individual would exceed the Chronic Pain Guideline criteria and would not be supported as medically necessary.