

<b>Case Number:</b>	CM14-0021830		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/17/2014
<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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for osteoarthritis of the right knee associated with an industrial injury date of August 13, 2008. Treatment to date has included on-Steroidal Anti-Inflammatory Drugs (NSAIDs), opioids, chiropractic sessions, physical therapy, arthroscopy and viscosupplemental injections. Medical records from 2013 to 2014 were reviewed. Patient complained of chronic right knee pain. Physical examination showed bilateral limp and right knee tenderness medially, laterally, and in the patellofemoral joint. Utilization review from February 18, 2014 denied the request for 12 sessions of aquatic physical therapy. The examiner stated that there was no rationale for the patient not being able to perform a land-based home program. The patient has undergone an extensive course of treatment and should have enough experience with the necessary stretches and exercises that she can continue at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC PHYSICAL THERAPY FOR THE RIGHT KNEE, (3) TIMES PER WEEK OVER (4) WEEKS: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that, aquatic therapy is recommended as an option for exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, patient is a diagnosed case of right knee osteoarthritis presenting with chronic pain, limp and right knee tenderness. She likewise has morbid obesity with a body mass index of 41. Patient meets the guideline criteria for enrollment to water-based therapy. Therefore, the request for aquatic physical therapy for the right knee 3 times a week for 4 weeks is medically necessary.