

<b>Case Number:</b>	CM14-0023427		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Internal Medicine 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 a 46-year-old female with an 11/7/11 date of injury. The injury occurred when she was trying to get on top of her trunk, and the right leg gave way. The patient sustained a knee injury, and subsequently underwent knee arthroscopy followed by postoperative physical therapy and a Synvisc injection. The patient has ongoing low back pain, as well as knee pain. A 9/26/13 progress note described that the patient is trying to loose weight, and will require a total knee replacemen (TKR) in the future. A 1/17/14 progress note described reduction and knee range of motion, as well as in the lumbar spine. Land based and aquatic physical therapy was requested. A 4/7/14 qualified medical evaluator (QME) supplemental report documented that the prior determination has not changed. Prior 10/29/13 QME recommended additional treatment for the lumbar spine, including lumbar epidural steroid injection (LESI). Decompressive surgery would be indicated if injections fail.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, times six, lumbar spine, bilateral knees:** Upheld

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

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

**Decision rationale:** The CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, the medical necessity for the requested aquatic therapy is not established. The patient is status post knee arthroscopy. She underwent postoperative physical therapy, however there remain range of motion deficits. Land based and aquatic therapy have been requested, however there is no documentation that reduced weight-bearing is indicated, such as with extreme obesity, as required by the CA MTUS guidelines. Both land-based and aquatic therapy simultaneously are not supported, however were requested. As such, the request is not substantiated.