

<b>Case Number:</b>	CM14-0025680		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/23/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation 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 47-year-old female who reported an injury on 12/23/2012 which reportedly occurred when she collided with a coworker and fell. On 04/26/2012, the injured worker underwent a left knee arthroscopy. On 02/17/2014, the injured worker underwent radiographic findings that were consistent with bilateral knees lateral patellofemoral osteoarthritis. The injured worker complained of bilateral knee pain and low back pain. It was noted that the injured worker described her knee pain as grinding, popping, and a sharp pain that is constant. She described her back pain as dull, chronic, and worsening pain. It was noted that it radiated to the right buttock to include stiffness, grinding, and popping of the muscle spasms. On the physical examination of her spine, there was tenderness along the facet joints and lumbar muscles with extension and was painful. On the physical examination of both knees revealed skyline view demonstrated medial joint space narrowing and patellofemoral. The flexion and weight bearing was 30 degrees. The medications included Tylenol-Codeine, Ibuprofen, Omeprazole, and Citalopram. The diagnoses included status post lateral release for presumed patellofemoral syndrome left knee, patellofemoral arthrosis, and possible early tricompartmental arthrosis left knee, exogenous obesity, and status postoperative arthroscopic chondroplasty and abrasion arthroplasty with micro fracture treatment left knee. The treatment plan included for decision for pool therapy, quantity: 38. The authorization for request was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POOL THERAPY QTY:38:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 2013, Knee and and leg.

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

**Decision rationale:** The request for pool therapy qty 38 is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines recommends aqua therapy 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 especially 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. The injured worker diagnoses includes status-post lateral release for presumed patellofemoral syndrome left knee, patellofemoral arthrosis and possible early tricompartmental arthrosis left knee, Exogenous and status postoperative arthroscopic chondroplasty and abrasion arthroplasty with micro fracture treatment of the left knee. The request did not indicate what location of the body the pool therapy is needed for. The documents submitted did not indicate the injured worker being diagnosed with fibromyalgia. In addition, there was lack of evidence of a home exercise regimen and pain management for the injured worker. Given the above, pool therapy qty 38 is not medically necessary.