

<b>Case Number:</b>	CM14-0027210		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopaedic 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 27 year-old female injured on July 7, 2013. The mechanism of injury is noted as slipping and falling on a rock in a hallway by the nurse's station. She twisted landing on her left knee and sliding on both wrists. The most recent progress note, dated January 9, 2014, indicates that there are ongoing complaints of ongoing symptoms of throbbing and swelling her left knee. Pain level eight on a 10 point scale. The physical examination reveals a female 5'7" tall and weighs 276 pounds. She has no swelling. Sensation is normal. Motor strength is five over five. Neurovascular she's intact. Range of motion is full. There is some trace pitting edema. This recent diagnostics imaging including MRI and arthrogram of the left knee are unremarkable. Previous treatment includes conservative treatment including physical therapy, left knee arthroscopy were medial femoral chondroplasty, extensive physical therapy postoperatively. A request has been made for aquatic therapy on and was not certified in the pre-authorization process on June 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) AQUATIC THERAPY SESSIONS FOR LEFT KNEE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic)- (updated 6/10/14).

**Decision rationale:** According to the Official Disability Guidelines, aquatic therapy is recommended as an alternative under certain conditions such as fibromyalgia, extreme obesity. When considering her exam on January 9th and the treatment rendered, this request of twelve (12) aquatic therapy sessions for left knee is not medically necessary and appropriate.