

<b>Case Number:</b>	CM14-0028152		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Neuromuscular Medicine and is licensed to practice in Arizona. 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 62-year-old gentleman who sustained a right knee injury when he was working in an attic as a [REDACTED] service representative. Since then his pain has progressively worsened to the point of requiring a meniscectomy, both medial and lateral, an ACL debridement and chondroplasty in May of 2010. However, his surgical procedure did not completely abate his pain and he underwent a series of synvisc injections in November of 2011. Since then has physical therapy with TENS (transcutaneous electric nerve stimulation) unit use and underwent aquatic therapy for a total of eight sessions, completing them in April of 2013. His Primary Treating Physician's Orthopedic Re-evaluation form completed on February 25, 2014 documents the patient is continuing to report constant moderate bilateral knee pain with weakness down to the feet. On examination his right knee has anterior-medial joint line tenderness with a positive McMurray's test. There is weakness noted in the knee. Additionally, there is restricted range of motion due to complaints of discomfort and pain. The same findings are found upon examination of the left knee (femorotibial joint). At the time of the requested aquatic therapy, the patient, per the documentation provided, declined steroid injections (documentation from June through Oct, 2013), had been to physical therapy and given pain medication (Tramadol and Ketoprofen) for pain management and requested to perform hamstring stretching. In dispute is request for aquatic therapy for the patient's bilateral knee pain. A certification Recommendation regarding this request is on file dated 4/18/2014 authorizing 8 total visits, 2 visits each week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg.

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

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy as it can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable as it improves some components of health-related quality of life. As the patient has bilateral knee pain as result of a kneeling while performing his duties as a termite service representative and he has been authorized a total of 8 visits over a 4 week period for Aquatic therapy, therefore, there is no reason to deny this request. The request is medically necessary and appropriate.