

<b>Case Number:</b>	CM14-0032832		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/12/2000
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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, has a subspecialty in Interventional Spine 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 57 year old with an injury date of 11/12/00. Based on the 02/10/14 progress report provided by treating physician, the patient complains of bilateral knee pain. Patient has bilateral antalgic gait but upright and no cane. Physical examination revealed left knee swelling at medial region. Range of motion 120 degrees bilaterally. Per procedure note dated 12/02/13, patient had 3 of 5 Supartz injection to the right knee, and procedure note dated 11/19/13 states Supartz injection to the left knee 1 of 5. Benefit from Supartz was excellent with much improved ability to walk (5min to 15 min), sit up for 25 min, and uninterrupted sleep. Patient is prescribed Hydrocodone, Motrin and Lido patches for pain control. Per physical therapy note dated 01/17/14, patient had 4 pool program visits. Patient stays in house, except for occasional walk. Therapist recommends moving patient to independent pool program for next 2-3 months. Per PT note, the frequency is 2 times per week. Request for Authorization Form dated 02/10/14 states, "independent pool therapy with goal for therapist present to help patient transition from pool to land so that she can do at home. Intention is to prolong/prevent TKA (total knee arthroplasty) bilaterally." The diagnosis was bilateral knee derangement and osteoarthritis. Diagnoses 02/10/14- status post knee surgery, date unspecified.- gait abnormality- Carpal Tunnel Syndrome symptoms resolved- chondromalacia patella, symptoms not improving- osteoarthritis, degenerative, L> R knee The utilization review determination being challenged is dated 02/19/14. Treatment reports were provided from 09/26/13 - 02/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Therapy for 3 months with Therapist present to transition to land program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

**Decision rationale:** The patient presents with bilateral knee pain. The request is for water therapy for 3 months with therapist present to transition to land program. Patient is status post knee surgery, date unspecified. Patient's diagnosis dated 02/10/14 included chondromalacia and osteoarthritis. Treater report dated 02/10/14 states that benefit from Supartz was excellent with much improved ability to walk (5min to 15 min), sit up for 25 min, and uninterrupted sleep. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy "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. For recommendations on the number of supervised visits, see Physical medicine. 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. (Tomas-Carus, 2007)" MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". Treater's reasons for ordering 12 sessions were to increase ROM (range of motion), activities of daily living, and decrease pain. In this case, the patient already received 24 physical therapy sessions per 07/25/14 progress report, which exceeds what is allowed by MTUS. Also there is no adequate documentation of pain and functional improvement from the treatment. Request for Authorization Form dated 02/10/14 states, "independent pool therapy with goal for therapist present to help patient transition from pool to land so that she can do at home. Intention is to prolong/prevent TKA (total knee arthroplasty) bilaterally." Patient also has a diagnosis of knee derangement. Patient has bilateral antalgic gait but upright and no cane, per treater report dated 02/10/14. Per physical therapy note dated 01/17/14, patient had 4 pool program visits. Based on PT note dated 01/17/14, the request is for a total of 18 additional water therapy sessions. The request exceeds what is allowed by MTUS. Also, there is no adequate documentation of pain and functional improvement from the treatment. It appears the patient has benefited more from the Supartz injections according to treater discussions. The request is not medically necessary.