

<b>Case Number:</b>	CM14-0058787		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/25/2002
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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:

This patient is a 63-year-old male with date of injury 06/25/2002. Per treating physician's report 04/07/2014, the patient's chief complaints are left knee pain and right buttock pain. The patient is status post right SI joint block which helped 50% with SI joint pain, but now he points to the lower left SI joint and left buttock as painful with activities especially bending. ■■■■■ jets seem to help his low back pain with some relief obtained. The patient is status post left knee replacement from March 2013. The patient has not had physical therapy in a long time, but aqua therapy was beneficial. Current medications include allopurinol, aspirin, atenolol, lisinopril, Norco #120, Celebrex 200 mg #60. Range of motion of the lumbar spine showed 80 degrees of flexion, 10 degrees of extension, knee flexion on the left side was 90 degrees. Listed diagnoses are unspecified internal derangement of left knee, degeneration of lumbar disk. Recommendation was for aqua therapy 3 times a week for 6 weeks to help strengthen and stabilize the lumbar spine and then transition into a land-based therapy and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, three sessions per week for six weeks:** 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 on Aquatic Therapy & Physical Medicine Page(s): 22, 98, 99.

**Decision rationale:** This patient presents with chronic low back pain and chronic left knee pain. Patient has history of recent left knee replacement from March of 2013. The current request is for aquatic therapy 12 sessions. Review of the report from 04/07/2014 shows that the patient has not had physical therapy in a long time and recalls the aquatic therapy was helpful in the past. There is no documentation of extreme obesity per examination. Range of motion of the lumbar spine and knee showed functional range of motion with flexion of the lumbar spine at 80 degrees and flexion of the left knee at 95 degrees. Regarding aqua therapy, MTUS Guidelines supports it when there is a need for weight-reduced exercises such as extreme obesity. For number of treatments, MTUS Guidelines support 9 to 10 sessions for myalgia, myositis type of condition. In this case, the current request is for 12 sessions of aquatic therapy which exceeds what is allowed by MTUS Guidelines. Furthermore, there is no documentation of extreme obesity or reason for required reduced weight-bearing exercises. Although this patient is status post left knee arthroplasty, there is no mention of any weight-bearing problems requiring water-based therapy. The request is not medically necessary.