

<b>Case Number:</b>	CM14-0059310		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/15/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational Medicine 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 is a 59 year-old female with a 11/15/07 date of injury to the knees bilaterally after twisting them. In 2010 an orthopedic consult recommended a bilateral total knee arthroplasty (TKA), however there are no surgical reports or indication the patient had this procedure. She was diagnosed with a torn meniscus bilaterally, confirmed by MRI. The patient was seen 1/6/14 with bilateral knee complaints, 7/10. Exam findings revealed tenderness to palpation over the medial joint line and decreased mobility. The patient was seen on 4/10/14 with pain to the knees bilaterally. She received a third Hyalgan injection on that visit. The diagnosis is severe degenerative joint disease of the knees bilaterally. Treatment to date: Hyalgan injection x3, medication, and physical therapy. An adverse determination was received on 4/23/14. The request for aquatic therapy was scratched out and a request for physical therapy was made. In addition the patient apparently had physical therapy in the past but notes were not made available, and 12 sessions exceeds the recommended guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2xWk X 6Wks to the bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Preface.

**Decision rationale:** The California MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The submitted documentation does not state or permit calculation of the body mass index (BMI). This patient had physical therapy in the past, but the results of that therapy were not made available for review. In addition a 2010 orthopedic note stated the patient needs bilateral TKA's. It is unclear if this procedure was ever done as there is no documentation regarding whether the patient had surgery. If the patient did have bilateral TKA's it is unclear what benefit aqua therapy will provide. Furthermore, the most recent exam is from January 2014. In addition ODG recommends a trial of 6 physical therapy visits and this request is for 12. Therefore, the request for Aqua Therapy 2 X week X 6 weeks to the bilateral knees was not medically necessary.