

<b>Case Number:</b>	CM14-0069924		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Family Practice and is licensed to practice in North Carolina. 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 45-year-old with a reported date of injury of 03/18/2013 that occurred when the patient twisted the left knee while at work. The patient has the diagnoses of right knee pain and osteoarthritis of the left knee. Previous treatment modalities have included physical therapy and aquatic therapy. Per the progress notes from the primary treating physician dated 04/04/2014, the patient had complaints of bilateral knee pain rated 9/10. The physical exam noted tenderness on the medial and lateral joint line of the knees. Treatment recommendations included additional aquatic therapy for increased range of motion and weight loss and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional aquatic physical therapy sessions for the bilateral knees 2 x week for 3 weeks:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states, "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." The patient does have the diagnosis of morbid obesity with a BMI greater than 42. However the California MTUS recommends physical therapy for myalgia/myositis unspecified are 9-10 visits over 8 weeks. The patient has already completed 11 aquatic therapy sessions and 24 physical therapy sessions. The goal of physical therapy is to wean over time with continuation of home program to maintain achievements. The patient has completed in excess of the amount of physical therapy session recommended and thus continuing physical therapy is not medically necessary.