

<b>Case Number:</b>	CM14-0074306		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Pain 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:

The injured worker is a 55-year-old female who reported injury on 08/16/2010. The mechanism of injury was not documented in the submitted reports. She has undergone right knee arthroscopy on 09/18/2012 and 08/2013. She has also undergone left knee arthroscopy on 02/27/2013. The injured worker complained of lower back pain that radiated down to both lower extremities. She rated her pain at a 9/10 in intensity. She also complained of bilateral knee pain. Physical findings dated 05/21/2014 of the lumbar spine revealed that the posterior lumbar musculature had tenderness to palpation bilaterally with trigger points. The injured worker was able to forward flex, bringing her fingertips to the level of the knees. Extension was about 15 degrees and it was noted that there was pain mostly on extension. Motor testing was equal in the lower extremities. Reflexes of the patella and Achilles tendon were 2+ bilaterally. It was noted that she had a positive leg raise and modified sitting position bilaterally at about 60 degrees with radicular symptoms. Sensory examination to Wartenberg pin prick was decreased along the posterior lateral thigh and lateral calf on the right when compared to the left. Examination of the knees bilaterally revealed tenderness to palpation along the medial and lateral joint lines. There was soft tissue swelling noted in both knees with no warmth or erythema. Crepitus was noted in both knees with general motion. There was also a positive McMurray's test bilaterally. Diagnostics on the injured worker include a right knee MRI obtained 04/12/2013, MRI of the lumbar spine and right knee obtained 08/23/2012, MRI of the left knee obtained 04/23/2012, right knee MRI obtained on 01/13/2012, MRI of the lumbar spine obtained on 03/18/2011, an electromyography (EMG) study of the lower extremities done on 03/24/2011, and MRI of the knees bilaterally obtained on 08/16/2010. The injured worker has diagnoses of bilateral knee myoligamentous, lumbar myoligamentous injury secondary to bilateral knee myoligamentous injury, right upper extremity myoligamentous injury including right shoulder and right wrist, obesity, hypertension,

bilateral greater trochanteric bursitis, right knee arthroscopy 2 times and left knee arthroscopy 2 times. her past treatment consists of epidural steroid injections (ESIs) that were done on 09/12/2013, Synvisc injections done on 10/11/2013, intra-corticosteroid injections and medication therapy. Medications include Norco 10/325 two times a day, Naprosyn 500 mg 2 times a day, Prilosec 20 mg 2 times a day, Topamax 50 mg 2 times a day, Phentermine 15 mg daily, and Ambien 10 mg before bed time. The treatment plan for the injured worker is to attend 8 aquatic therapy sessions. The rationale behind the request is to help relieve pain levels of the lower back and bilateral knees. The Request for Authorization Form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 Aquatic Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** The injured worker complained of lower back pain that radiated down to both lower extremities. She rated her pain at a 9/10 in intensity. She also complained of bilateral knee pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend aquatic therapy 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. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits. Although, the submitted report dated 05/21/2014 revealed subjective and objective findings on physical examination, aquatic therapy is recommended where land-based therapy is not available. It was not noted in the submitted report that conservative care therapies had been trialed and failed. It is unclear as to why the injured worker would not benefit from a home exercise program. Furthermore, the submitted request is for 8 sessions of aquatic therapy, exceeding the MTUS Guideline recommendations. The submitted report also did not specify what extremity was going to receive the aquatic therapy. As such, the request for 8 sessions of aquatic therapy is not medically necessary.