

<b>Case Number:</b>	CM14-0078607		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/06/2000
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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 57-year-old male with a reported date of injury of 10/06/2000. The mechanism of injury was not submitted within the medical records. The diagnosis was arthritis of the right knee. His previous treatments were noted to include surgery, physical therapy, knee injections, and intra-articular injection of corticosteroids. The progress note dated 01/16/2014 revealed the injured worker complained of knee pain, stiffness, and instability. The injured worker described the pain as aching and the symptoms were moderate in severity and worsening. The previous presentation included knee pain and instability. The physical examination revealed motor strength to the right quadriceps rated 4/5 and reflexes were equal and symmetrical. There was tenderness about the lateral aspect, the medial aspect, and over the patellofemoral joint. The range of motion to the right knee was noted to be flexion 100 degrees, extension 0 degrees; the left knee was noted to be flexion 135 degrees and extension 0 degrees. The instability examination of the right knee testing was noted to be negative. The functional testing to the right knee noted a positive McMurray's and patellar grind test. The Request for Authorization form dated 02/03/2014 was for aquatic therapy to the right knee, 6 sessions, to help with stability issues from noted muscle atrophy around the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy times 6 Sessions:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable (for example, extreme obesity). 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 guideline recommendations for myalgia and myositis are 9 to 10 visits over 8 weeks of physical therapy. The injured worker has received a previous unknown number of physical therapy treatments, and there is a lack of documentation regarding current measurable objective functional deficits in regards to range of motion and motor strength, as well as quantifiable objective functional improvements from physical therapy sessions. Additionally, the guidelines recommend aquatic therapy specifically for a medical necessity to reduce weight bearing, for example, with extreme obesity. There is a lack of documentation regarding the need for reduced weight bearing, or extreme obesity to necessitate aquatic therapy. Therefore, the request is not medically necessary.