

<b>Case Number:</b>	CM14-0088334		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/23/2007
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Pain Medicine and is licensed to practice in Minnesota. 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 65-year-old male who reported an injury on 05/23/2007. The mechanism of injury was not stated. Current diagnoses include status post right total knee replacement, right knee patellofemoral arthralgia, and complaints of stress, anxiety, and depression. The injured worker was evaluated on 04/16/2014 with complaints of bilateral knee pain. Physical examination revealed tenderness to palpation with positive patellofemoral crepitus and limited range of motion. Treatment recommendations at that time included aquatic therapy twice per week for 4 weeks. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy right knee 2 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. As per the documentation submitted, the injured worker had been previously treated

with physical therapy. However, there was no documentation of objective functional improvement. There is also no mention of the need for reduced weightbearing as opposed to land based physical therapy. As such, the request is not medically appropriate.