

<b>Case Number:</b>	CM14-0089744		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/10/2005
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Illinois. 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 08/10/2005. The mechanism of injury was while the injured worker was performing her usual duties as a waitress and banquet server, the injured worker turned to walk away from her work station and a box was left behind her and the injured worker tripped and fell over the box. The injured worker underwent non-operative treatment. The injured worker was noted to have multiple upper extremity surgeries to the elbow, wrist and shoulder. The injured worker underwent lumbar surgeries. The injured worker's diagnoses included right knee patellar/femoral chondromalacia and degenerative joint disease. The injured worker was noted to undergo MRIs of the lumbar spine and cervical spine. The injured worker underwent surgical intervention for the right knee, left shoulder, and left wrist. Prior treatments included physical therapy. The documentation of 05/19/2014 revealed the injured worker had pain in the left knee with some swelling. The knee was noted to be catching and locking, occasionally buckling and giving way. The injured worker had difficulty with stairs. The injured worker had a limp towards the right side. The injured worker had right knee trace swelling. The injured worker had a very tender medial compartment and pain with McMurray's testing. The injured worker had x-rays which revealed severe narrowing medially. The injured worker had a positive spur formation medially. The injured worker had early osteophytes in the lateral compartment. The treatment plan included an authorization for an unloader brace to unload the medial compartment, Orthotics times 3 to the right knee for degenerative joint disease, aquatic therapy to decrease pain and improve tolerance of activities, ibuprofen 800 mg #90, and Mentherm for pain. The diagnoses included right knee patellar/femoral chondromalacia. There was no Request for Authorization submitted to support the request.

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

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

**Aquatic therapy x8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend aquatic therapy for myalgia and myositis for up to 10 visits. The treatment is recommended specifically when there is a need for reduced weight bearing. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment. There was a lack of documentation indicating a necessity for reduced weight bearing. The request as submitted failed to indicate the body part to be treated with the aquatic therapy. Given the above, the request for Aquatic therapy x8 is not medically necessary.