

<b>Case Number:</b>	CM13-0020109		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old woman sustained an industrial injury on 11/1/2000 while descending a ladder. Current diagnoses include chronic pain syndrome, left knee pain, and obesity. Treatment has included medications, injection to the left knee, aquatic therapy, chiropractic treatment, and surgical intervention. Arthroscopic partial medial meniscectomy was performed on 3/27/01 followed by postoperative physical therapy. The injured worker had pool therapy in 2006 and 2007. MRI of the left knee on 12/17/12 showed complex tear of the posterior horn and body of the medial meniscus, horizontal tear of the body of the lateral meniscus, chondral lesions involving the medial compartment, and defect of the lateral patellar retinaculum presumably postsurgical. Weight on 4/15/13 was documented as 270 pounds. Work status on that date was noted as not working. Physician notes dated 8/13/2013 show complaints of pain to the left knee rated 5-7/10. Physical examination showed obesity, decreased range of motion of the left knee due to pain, crepitus and tenderness to palpation of the knee. It was noted that the injured worker had good benefit with aqua therapy in the past and that she has also gone to physical therapy several years prior. Diagnoses include medial/lateral meniscal tear and popliteal cyst. Recommendations include aquatic therapy, as previously requested, new crutches, left knee injection, and follow up in four weeks. On 8/27/2013, Utilization Review (UR) evaluated a prescription for eight additional sessions of aquatic therapy for the left knee. The UR physician noted that although there was notation of obesity, the worker's BMI was not documented, and that it is unclear if the worker has had any aquatic therapy recently. The MTUS and ODG were

cited by UR. The request was denied by UR and subsequently appealed to Independent Medical Review.

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

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

**Aqua Therapy 2xwk x 4wks for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

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

**Decision rationale:** The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing/minimization of the effects of gravity is desirable. Such situations include extreme obesity, and in certain cases of knee complaints while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Water exercises have been noted to improve some components of health-related quality of life, balance, and stair climbing in the treatment of fibromyalgia, but regular exercises and higher intensities may be required to preserve most of these gains. The number of sessions of aquatic therapy follows the physical medicine guidelines. This injured worker has a history of left knee pain with meniscal tears and prior surgery. She underwent prior physical therapy, including aquatic therapy in 2006-2007. Aquatic therapy was again prescribed, but there was no documentation from the physician as to why this was indicated versus land based physical therapy. Although she was noted to be obese, there was no documentation of need for reduced weight bearing with exercise. There was no documentation of need for allowing the affected knee to rest before undergoing specific exercises for rehabilitation. Due to lack of sufficient documentation of need for reduced weight bearing with exercise, the request for aqua therapy to the left knee is not medically necessary.