

<b>Case Number:</b>	CM14-0111634		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/22/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. 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: California

Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial injury on 12/22/2004. The current diagnoses are pain in joint of the lower leg, chronic pain due to trauma, and derangement of the medial meniscus. According to the progress report dated 5/16/2014, the injured worker complains of bilateral knee pain. The pain is rated 5-8/10 on a subjective pain scale. The pain is described as aching, stabbing, burning, and throbbing. The current medications are Lidoderm, Aspirin, Naproxen, Ambien, Norco, and Trazadone. Treatment to date has included medication management, ice, heat packs, massage with heat rub/gel, TENS unit, swimming, and knee braces. The plan of care includes swimming exercise for 1 year (bilateral knees) and bilateral knee brace replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Swimming exercise for 1 year for right knee:** 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 Physical Medicine , Aquatic therapy Page(s): 98-99, 22.

**Decision rationale:** According to the MTUS guidelines, aquatic therapy is recommended 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 MTUS guidelines note that for recommendations on the number of supervised visits, see Physical medicine. The MTUS physical medicine guidelines recommend up to 10 sessions of treatment for myalgia, myositis, neuralgia, neuritis and radiculitis. The MTUS guidelines recommend 24 sessions of therapy for reflex sympathetic dystrophy. In this case, the request for one year of swimming exercises exceeds the recommended amount of sessions. Furthermore, the medical records do not establish that the injured worker is unable to safely and effectively perform a home exercise program. The request for Swimming exercise for 1 year for right knee is not medically necessary.

**Swimming exercise for 1 year for left knee:** 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 Physical Medicine , Aquatic therapy Page(s): 98-99 , 22.

**Decision rationale:** According to the MTUS guidelines, aquatic therapy is recommended 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 MTUS guidelines note that for recommendations on the number of supervised visits, see Physical medicine. The MTUS physical medicine guidelines recommend up to 10 sessions of treatment for myalgia, myositis, neuralgia, neuritis and radiculitis. The MTUS guidelines recommend 24 sessions of therapy for reflex sympathetic dystrophy. In this case, the request for one year of swimming exercises exceeds the recommended amount of sessions. Furthermore, the medical records do not establish that the injured worker is unable to safely and effectively perform a home exercise program. The request for Swimming exercise for 1 year for left knee is not medically necessary.