

<b>Case Number:</b>	CM14-0201172		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/15/2007
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 60 year old female with the injury date of 11/05/07. Per physician's report 07/23/14, the patient has knee pain bilaterally. The treating physician requested physical therapy and Gym membership. The patient remains off work. Per 06/25/14 progress report, the patient has pain in both of her knees, left side worse than right. The patient complains of giving way sensation. The patient "ambulates with a cane as a needed basis." The patient weighs 164 lbs. ROM of the knees are restricted. There is tenderness over medial and lateral joint lines. The patient will consider the option for total knee arthroplasty. The lists of diagnoses are:1) Osteoarthritis of the bilateral knees2) Meniscal tear of the right knee3) Chondromalacia of the right patella4) Mechanical low back pain5) S/P right shoulder arthroscopic surgery, 01/20/10.6) Bilateral shoulders sprain/ strain7) Bilateral hands strain/ sprain8) Right wrist and hand strainPer 03/26/14 progress report, the right knee is better after hyalgan injection. The treating physician requested additional aqua therapy "for strength training, increasing ROM and decreasing pain." The utilization review determination being challenged is dated on 11/18/14. Treatment reports were provided from 12/02/13 to 07/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy, twice a week for six weeks for the bilateral knees and lumbar spine:**  
Upheld

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

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

**Decision rationale:** The patient presents with pain and weakness in both of her knees. The patient is s/p left knee arthroscopy on 07/20/09. The request is for 12 sessions of aqua therapy for the bilateral knees and lumbar spine. The patient has had aqua therapy in the past as the request is for additional therapy.MTUS page 22 states that 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." For number of treatments, MTUS supports 9-10 sessions for myalgia, myositis type of condition.In this case, the treating physician has asked for aqua therapy but does not discuss how the patient responded to therapy thus far. There is no discussion as to why the patient is unable to transition in to a home exercise program. There is no discussion regarding why more therapy is needed and why strengthening and ROM exercises cannot be performed at home. MTUS supports water therapy for extreme obesity and for patients requiring exercises with reduced weight bearing. MTUS also does not support more than 9-10 sessions of the type of condition this patient has unless post-operative. The request IS NOT medically necessary.