

<b>Case Number:</b>	CM14-0206001		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 52 year old male with an injury date of 04/25/14. Based on the 10/28/14 progress report provided by treating physician, the patient complains of left knee pain exacerbated by physical activity. Physical examination of the left knee revealed tenderness to palpation over the anterior-medial, medial, and posterior-medial joint lines, the pes bursa, and the medial collateral ligament distribution. No range of motion deficits were noted. The patient is currently prescribed Naproxen. Patient has had 3 sessions of physical therapy to date. Diagnosis 10/28/14, 09/19/14- Left knee strain, rule out medial collateral ligament tear, rule out medial meniscus tear. The utilization review determination being challenged is dated 11/24/14. The rationale is "The claimant is diagnosed with left knee strain and R/O MCL tear of the left calf; he reported improvement in his left knee pain and weight loss due to aquatic therapy. However, objective findings were unchanged on most recent exam dated 10/28/14. Therefore ongoing aquatic therapy would not be medically necessary due to lack of objective benefit." Treatment reports were provided from 09/19/14 to 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2x4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left knee pain exacerbated by physical activity. The request is for Aquatic Therapy 2x4. Physical examination on 10/28/14 of the left knee revealed tenderness to palpation over the anterior-medial, medial, and posterior-medial joint line, pes bursa, and the medial collateral ligament distribution. No range of motion deficits were noted. The patient is currently prescribed Naproxen. Patient has had 3 sessions of physical therapy to date. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." UR Denial letter states "...objective findings were unchanged... ongoing aquatic therapy would not be medically necessary due to lack of objective benefit." Per 10/28/14 progress report, patient reports decreased pain in left knee attributed to "going to the gym and using the pool... finds pool therapy very helpful..." This implies that the patient has been undergoing self-directed aquatic exercise with some success, rather than prescribed aquatic therapy as addressed by the UR denial. Additionally, progress report 09/18/14 notes that the patient is 5'6" and 290 pounds (46.8 BMI) and is thus classified as obese. MTUS guidelines allow aqua-therapy for those who cannot tolerate land-based therapy and given the patient's BMI and stated improvements stemming from self-directed aquatic exercise, this request is medically necessary.