

<b>Case Number:</b>	CM14-0055685		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/04/2006
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 sustained an industrial injury on 11/04/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having pain in joint, lower leg-bilateral knees, with severe left knee osteoarthritis, pain in bilateral ankle joints, sacral disorder, and cervicalgia. Treatment to date has included conservative measures, including medications. On 3/04/2014, the injured worker complained of chronic bilateral knee and ankle pain. She reported 3 falls in the previous 3-4 months, due to lower extremity weakness. With each fall, her pain was reported to return to baseline. She also reported uterine nodules, with surgery scheduled on 3/22/2014, for removal of these nodules. She ambulated with a single point cane and an antalgic gait was noted. Exam of the bilateral knees noted no tenderness, erythema, swelling, or warmth. Range of motion was decreased by 20% with flexion. Current medications included Hydrocodone/APAP, Venlafaxine, and Advil. The treatment plan included a request for aquatic therapy for the bilateral lower extremities, to increase strength, prevent falls, and lose weight. A current body mass index was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy, 12 Visits, two (2) times a week for Six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p87.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic left knee pain due to osteoarthritis with lower extremity weakness and a history of falls. She ambulates with a cane. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weightbearing physical activities. In this case, the claimant has advanced knee osteoarthritis. Therefore, a trial of Aquatic therapy could be considered in this case. However, Guidelines recommend a six visit clinical trial with reassessment prior to continuing treatment. The number of visits being requested is in excess of this recommendation and therefore not considered medically necessary.