

<b>Case Number:</b>	CM15-0002145		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Orthopedic Surgery, Sports 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:

The injured worker is a 60-year-old female who reported an injury on 05/28/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of internal derangement of the knee and status post right knee surgery. Past medical treatment consists of surgery and medication therapy. No diagnostic studies were submitted for review. On 01/13/2015, the injured worker complained of consistent left knee pain. The injured worker rated the pain at 8/10. The injured worker also complained of constant right knee pain which she rated at 5/10. Physical examination of the knees revealed tenderness in the joint line. Patellar grind test was positive. Anterior drawer test and posterior pivot shift test were negative. McMurray's was positive. Range of motion revealed crepitus with painful range of motion. The right knee revealed a well healed scar, warm and dry with normal color and turgor. There was no apparent swelling. Normal quadriceps and hamstring strength were noted. The medical treatment plan is for the injured worker to undergo aquatic physical therapy 2 times a week for 4 weeks for the knees bilaterally. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Physical Therapy 2 times a week for 4 weeks to bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22-23.

**Decision rationale:** The request for aquatic physical therapy 2 times a week for 4 weeks to bilateral knees is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, in extreme obesity. The submitted documentation indicated the injured worker was post knee surgery. However, there was no indication as to when the surgery took place, or what type of surgery. Additionally, there was no indication that he injured worker had undergone postoperative physical therapy. Furthermore, there was no evidence of documentation of the injured worker being or having a diagnosis of extreme obesity, which would warrant the request. Moreover, there was no rationale submitted for review to warrant the request outside of current guideline recommendations. As such, the request would not be medically necessary.