

<b>Case Number:</b>	CM15-0004357		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female with a date of injury as 02/15/2013. The current diagnoses include right knee medial meniscus tear and right knee degenerative joint disease. Previous treatments include medications, physical therapy, activity modification, and Supartz injection. Primary treating physician's reports dated 06/11/2014 through 10/29/2014 and an agreed medical examination dated 08/20/2014 were included in the documentation submitted for review. Report dated 10/29/2014 noted that the injured worker presented with complaints that included ongoing right knee pain, swelling, and grinding. Physical examination revealed tenderness to palpation over the medial joint line and lateral joint line, McMurray's sign is positive with internal and external rotation, patellar grind, and crepitus with range of motion. Treatment plan included a additional course of Supartz injections and additional aquatic therapy. Report dated 06/11/2014 the physician recommended aquatic therapy for weight loss. Report dated 07/23/2014 the physician instructed the injured worker to continue with pool therapy. The documentation submitted did not contain any progress notes from prior aquatic therapy or any documentation supporting the number of visits completed. The injured worker is on temporarily totally disabled. The utilization review performed on 12/12/2014 non-certified a prescription for aquatic physical therapy, 2 x 4 for the right knee based on the documentation did not support that the injured worker could not tolerate land based therapy or land based home exercise program. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic physical therapy 2 x 4; right knee:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Aquatic physical therapy 2 x 4; right knee. The requesting treating physician report dated 10/29/14 (12B) does not provide a rationale for the current request. A report dated 08/20/14 (24B) states, "She went through physical therapy at six sessions at a time. She also had a home based program." The report goes on to state, "She started some physical therapy with [REDACTED] in July and going into August 2014." A report dated 07/23/14 states, "The patient is to continue with pool therapy, which seems to be helping." MTUS pages 98-99 states 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 go on to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Reports provided show the patient has received at least 6 physical therapy visits previously, and the treating physician is asking for 8 more. In this case, the current request for an additional 8 aquatic therapy sessions exceeds the 9-10 visits recommended by the MTUS guidelines. Furthermore, the patient has already established a home exercise program and there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.