

<b>Case Number:</b>	CM15-0004635		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on November 17, 2009. She has reported an injury to the knee. The diagnoses have included knee arthralgia, knee derangement of the posterior horn of the lateral meniscus, knee chondromalacia of the patella. Treatment to date has included pain medication, assistive devices, physical therapy and video arthroscopy of the knee. Currently, the injured worker complains of knee pain and noted redness around the arthroscopic portal. On examination she exhibited an antalgic gait and that her arthroscopic portals were healing. The evaluating physician recommended ice/heat to the areas of discomfort, home exercise program, over the counter non-steroidal anti-inflammatory medications, continued physical therapy and aqua therapy for increased range of motion and strengthening of the left knee. On December 17, 2014 Utilization Review non-certified a request for aquatic therapy 2-3 times per week for 4-6 weeks for the left knee, noting that the documentation provided did not establish significant functional deficits noted to warrant skilled therapy and no indication of reduced weight bearing in the injured worker. The California MTUS was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of aquatic therapy 2-3 times per week for 4-6 weeks for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2-3 times a week times 4-6 weeks for the left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and physical medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Knee/Leg; Aquatic Therapy MD Guidelines, Aquatic Therapy

**Decision rationale:** California MTUS guidelines state that "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." A diagnosis of "extreme obesity" cannot be established. MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". Medical records do not substantiate subacute or chronic low back pain as a diagnosis. ODG states regarding knee aqua therapy, "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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life . . . In patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise." The treating physician does not document any mobility or functional limitations that would limit the patient's land based exercises. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. There is no documentation of a trial. Thus, the request for Aquatic Therapy 2-3 times a week times 4-6 weeks for the left knee is not medically necessary.