

<b>Case Number:</b>	CM15-0006309		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male with an industrial injury dated 05/08/2012. His diagnoses include degenerative arthritis of the left knee, medial meniscus of the right knee, lumbar disc herniation at L3-L4 and L4-L5, musculoligamentous sprain/strain to bilateral knees, left ankle derangement, status post knee arthroscopy (bilateral), right knee recurrent medial meniscus tear, bilateral foot plantar fasciitis, and bilateral knee internal derangement. No recent diagnostic testing was submitted. He has been treated with medications, activity restrictions, and previous arthroscopic surgeries to both knees. In a progress note dated 12/08/-10/2015, the treating physicians reported bilateral knee pain with the right greater than the left, with locking, clicking, and catching of both knees despite treatment. Objective findings, noted on a previous exam (11/19/2014), revealed mild effusion with locking and clicking in both knees, and tenderness to the lumbar spine. The treating physician is requesting bilateral knee braces and aquatic therapy which was denied by the utilization review. On 12/16/2014, Utilization Review non-certified a request for 1 bilateral knee sleeves (through [REDACTED]), noting the absence of documented instability or ligament tears in the knees. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/16/2014, Utilization Review non-certified a request for 12 sessions of aquatic therapy (through [REDACTED]), noting the absence of subjective or objective complaints that would support subacute or chronic lower back pain or knee pain with comorbidities. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 01/12/2015, the injured worker submitted an application for IMR for review of bilateral knee sleeves (through [REDACTED]), and 12 sessions of aquatic therapy (through [REDACTED]).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral knee sleeves:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** According to the ACOEM guidelines, knee immobilization is recommended for a short period after injury. It is not recommended for prolonged bracing or for prophylaxis. In this case, the injury was chronic and there was no time length specified for the use of the sleeve. The knee sleeve is not medically necessary.

**Twelve sessions of aquatic therapy:** Upheld

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

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

**Decision rationale:** Aquatic therapy is 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, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.