

<b>Case Number:</b>	CM15-0104517		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/09/2007
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: 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 59 year old female, who sustained an industrial injury on July 9, 2007. She reported bilateral knee pain. The injured worker was diagnosed as having progressive end-stage medial compartment arthritis of the bilateral knees and status post bilateral knee surgery. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions of the bilateral knees, pool therapy, conservative care, medications and work restrictions. Currently, the injured worker complains of continued bilateral knee pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 2, 2105, revealed continued pain as noted. She reported being unable to squat or kneel. She reported constant pain improved with pool therapy. She noted being able to stay off of narcotics pain medications and being able to avoid additional surgical intervention with pool therapy. A yearly membership to pool therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Annual pool membership for water therapy x1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation ODG Guidelines, Knee chapter Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004).

**Decision rationale:** The claimant sustained a work injury in July 2007 and continues to be treated for bilateral knee pain. When seen, she was continuing to exercise regularly in a pool. She had been provided with a one-year membership. Pool exercises had been extremely effective including maintaining weight control, decreased use of pain medications, and avoidance of knee replacement surgery. Her BMI was nearly 32. She had significant medial joint line tenderness with mild to moderate swelling. There was decreased range of motion. Aquatic therapy is recommended for patients with conditions including chronic persistent pain and who have comorbidities that would be expected to limit participation in weight-bearing physical activities. The program should become self managed and criteria for continued membership include when following an exercise program. In this case, the claimant appears motivated to continue an independent exercise program including aquatic therapy which would be considered as an appropriate treatment as in this case where there are expected difficulties with lower extremity weight bearing. The requested membership is medically necessary.