

<b>Case Number:</b>	CM15-0131216		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: 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 57 year old male, who sustained an industrial injury on 6/3/2013. The mechanism of injury was being punched in the left lateral knee. The injured worker was diagnosed as having complex regional pain syndrome-type I and left knee osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included knee surgery, aqua therapy and medication management. In a progress note dated 6/2/2015, the injured worker complains of left knee pain and discomfort. Physical examination showed left knee swelling, tenderness and decreased range of motion. The treating physician is requesting 8 sessions of aquatic therapy 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 for the left knee, twice weekly for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section, Physical Medicine Section Page(s): 22, 98, 99.

**Decision rationale:** The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. According to the available documentation, the injured worker had 12 previous sessions of aqua therapy without functional benefit, therefore, the request for aquatic therapy for the left knee, twice weekly for four weeks is not medically necessary.