

<b>Case Number:</b>	CM15-0136315		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Pennsylvania, Ohio, California  
 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 49 year old female, who sustained an industrial injury on July 30, 2003. Treatment to date has included bilateral knee arthroscopy, medications, and work modifications. Currently, the injured worker complains of increased neck pain with radiation of pain into the upper trapezius muscles. She reports bilateral knee buckling and giving way with right knee swelling. On physical examination the injured worker has severe swelling over the right knee with tenderness to palpation over the medial and lateral joint lines and the peripatellar region. She has crepitus over the patellofemoral region. She exhibits tenderness to palpation over the bilateral shoulders, decreased range of motion and positive impingement tests. The diagnoses associated with the request include cervical spine sprain-strain, bilateral shoulder strain with impingement. Some of the medical documentation submitted for review was difficult to decipher. The treatment plan includes aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy; twelve (12) sessions (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine, Physical medicine guidelines Page(s): 98.

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

**Decision rationale:** MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.