

<b>Case Number:</b>	CM15-0149088		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: 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 39-year-old female who sustained an industrial injury on October 21, 2013 resulting in left knee pain and reduced range of motion. She was diagnosed with a left knee meniscal tear. Documented treatment has included left knee partial lateral menisectomy and plica resection, physical therapy with reported continuation of pain after reaching maximum benefit on April 3, 2015, home exercise, and both oral and topical pain medication. The injured worker continues to report left knee pain, especially when climbing stairs. The treating physician's plan of care includes aquatic rehab therapy for the left knee. Most recent work status stated she could return to work May 7, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Aquatic Rehab Therapy Visits for The Left Knee: Upheld**

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

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

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. This worker has not been identified to have "extreme obesity." Land-based physical therapy has been tolerated previously and there is a lack of documentation of functional benefit from PT to date. Therefore, this request is not medically necessary.