

<b>Case Number:</b>	CM15-0149502		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/24/2014
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/20/2015
<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 41 year old female who sustained an industrial injury on August 24, 2014. The accident was described as while working as a counselor she and another co-worker attempted to detain the client in a two person assisted restraint she was injured with the immediate onset of acute right knee pain and swelling. A primary treating follow up dated February 18, 2015 reported subjective complaint of right knee pain. Objective findings showed a tender right knee. She was diagnosed with right knee patellofemoral pain and prescribed acupuncture therapy. She states the acupuncture is helping tremendously. She is to continue with a sit down job only. Follow up dated April 01, 2015 reported slower than expected improvement. A recent primary treating office visit date July 07, 2015 reported she continues with pain and swelling. There is noted temporary improvement with pool therapy. There is recommendation to undergo diagnostic testing of a magnetic resonance arthrogram of right knee ruling out internal derangement. She is to complete the pool therapy session. On April 08, 2015, she was deemed as permanent and stationary with note of future medical care for the right knee to consist of physical therapy, injections, knee bracing, acupuncture, as well as a knee replacement if the arthritic symptoms persist. She may also benefit from viscosupplementation injections. Notes indicate that the patient had no relief after 24 sessions of therapy postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy for the Right Knee two (2) times a week for four (4) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Aquatic Therapy.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no documentation of specific objective functional improvement with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.