

<b>Case Number:</b>	CM15-0182161		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 66 year old male, who sustained an industrial injury on July 19, 2010. He reported a pop in his right knee with pain. The injured worker was currently diagnosed as having right knee pain, status post surgical right knee pain, compensatory left knee pain and gastritis. Treatment to date has included diagnostic studies, right knee surgery, home exercises, heat, Transcutaneous Electrical Nerve Stimulation (TENS) unit, right knee brace, injection, acupuncture and medication. Acupuncture and a viscoelastic injection were noted to help in the past. His TENS unit provided "mild" relief. On August 14, 2015, the injured worker complained of right knee pain with occasional popping. The pain was rated as a 4 on a 1-10 pain scale. The pain was reported to get worse with prolonged walking, kneeling, squatting, climbing and crawling. He also reported left knee pain due to compensation. Physical examination of the right knee revealed tenderness. McMurray and a grinding test were positive. His gait was noted to be normal. The treatment plan included continuation of home exercises, continuation of heating pad, continuation of TENS unit, continuation of right knee brace, consideration for orthopedic consultation to consider another viscoelastic injection, medications and aqua therapy. On August 25, 2015, utilization review denied a request for aquatic therapy for the right knee at three times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Aquatic therapy right knee 3 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in July 2010 and continues to be treated for right knee pain occurring when, while carrying a trash bag he twisted and his right knee popped. He underwent an arthroscopic meniscectomy with chondroplasty in March 2011 and had postoperative physical therapy. He progressed to a home exercise program. When seen, pain was rated at 4/10. He was continuing to work full-time. Physical examination findings included full right knee range of motion with pain at the end of flexion. He had a normal gait. There was anterior knee tenderness with positive medial McMurray's testing and positive grind testing. There was left knee medial joint line tenderness. Recommendations included a continued home exercise program. Authorization for 12 sessions of aquatic therapy was requested. A trial of aquatic therapy is recommended for patients with chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case the claimant has been able to participate in land based physical therapy treatments with benefit and performs a home exercise program. He has a normal gait. There is no co-morbid condition that would be expected to preclude continued land based treatments. The requested pool therapy is not medically necessary.