

<b>Case Number:</b>	CM15-0184997		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	11/01/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female who sustained an industrial injury on 11-01-2009. MRI of the right knee with arthrogram performed on 03-31-2015 showed evidence of partial medial meniscectomy, meniscal tear in the body remnant; fragment of the body extruded out of the joint space, possible ACL partial tear, MCL and LCL partial tears, semimembranosus tendinosis, medial and lateral femorotibial joint space narrowing and osteoarthritis and small posterior retro cruciate ganglion cyst. According to a progress report dated 08-28-2015, the injured worker reported pain in the right and left knee, right and left shin, right and left ankle, left hand, left wrist, left forearm, left elbow and left shoulder. Pain was rated 6 on a scale of 1-10 and was noticeable 100% of the time. Pain at worst was rated 8 and at best was rated 6. She reported numbness and tingling of the right anterior knee and right shin pain that was noticed approximately 90% of the time. She had notable anxiety and stress. She also experienced insomnia. Pain was better with medications, rest and topical compound. Performing bending, walking, turning, standing, pushing, pulling, reaching, lifting, lying and climbing made her symptoms worse. Palpable tenderness at the right and left anterior knee was noted. There was palpable tenderness of the bilaterally medial joint line with crepitus and edema. Range of motion was decreased with left flexion and right flexion. Diagnostic impression included knee arthroscopic surgery, tear of medial cartilage or meniscus of knee and status post right knee arthroscopy. The treatment plan included left knee MRI, PT of the right knee, aquatic therapy 2 times a week for 3 weeks for the right knee, Prilosec, Ranitidine, Lidoderm patches and topical compound cream. She remained totally temporarily disabled for 45 days. She was to return for

an appointment in 45 days. An authorization request dated 08-28-2015 was submitted for review. The request services included MRI of the left knee, physiotherapy of the right knee, orthopedic evaluation, aquatic therapy 2 x 3 right knees, Prilosec, Ranitidine, Lidoderm patches, FCL cream and a follow up in 45 days. On 09-04-2015, Utilization Review non-certified the request for aquatic therapy for right knee 2 times a week for 3 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy for right knee 2 times a week for 3 weeks.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** CA MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. It is specifically recommended in cases where reduced weight-bearing is desirable, for example morbid obesity. In this case, the patient injured her knee six years ago and underwent surgery in 2013. She underwent prior physical therapy (PT), however the number of sessions and benefits of therapy is not stated. There is a lack of documentation of the claimant's prior response to PT, number of visits and rationale for aquatic therapy. The rationale for aquatic therapy versus land-based therapy (such as morbid obesity) is not established in this request; therefore it is not medically necessary or appropriate.