

<b>Case Number:</b>	CM15-0188606		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric  
 Medicine

### 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 61 year old female, who sustained an industrial injury on 12-20-11. The injured worker was diagnosed as having bilateral knee degenerative joint disease. Subjective findings (3-5-15, 5-7-15) indicated increasing bilateral knee pain. On 7-30-15, the injured worker reported at least 50% improvement in knee pain with water therapy. Objective findings (3-5-15) revealed a varus deformity on weightbearing with relative valgus instability and marked tenderness along the medial joint line. As of the PR2 dated 9-9-15, the treating physician noted a 50% improvement in bilateral knee pain following water therapy. Treatment to date has included physical therapy for the knees at least 6 sessions from 4-29-15 to 6-11-15, aquatic therapy for the knees at least 12 sessions from 7-10-15 to 9-15-15 and a Supartz injection (date of service not provided). The Utilization Review dated 9-17-15, non-certified the request for independent pool exercising 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Independent Pool Exercising, 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

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

**Decision rationale:** Aquatherapy is in question for this injured worker for chronic pain. Per the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, as in extreme obesity. In this case, the records do not justify why aquatherapy is indicated over a course of land based therapy and independent pool exercising is therefore not medically necessary.