

<b>Case Number:</b>	CM15-0193692		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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

### 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 62 year old female with a date of injury on 04-17-2000. The injured worker is undergoing treatment for right knee osteoarthritis. A physician note dated 03-19-2015 documents the injured worker continues to have pain in her knees that she rates as a 5 out of 10 and is present all the time. There are times when her pain increases to 10 out of 10. The knees pop, click and feel unstable. Both knees have given way causing her to fall. Both knees are swollen. In a physician, not dated 09-04-2015 there is documentation the injured worker weighs 189 pounds and is 67 inches tall, with a BMI of 28.5. A physician progress note dated 09-15-2015 documents the injured worker has minimal right knee pain that occasionally becomes sharp to dull diffused pain. There is some clicking and popping. She received a cortisone injection to her right knee on 06-17-2015 and received about 80-90% relief from the injection, which is still working. Palpation of the knee reveals mild tenderness on the medial, lateral and patellofemoral joint lines. There is a mild effusion present. Range of motion is 0 degrees on extension to 120 degrees flexion with mild pain and mild crepitus. Unofficial x rays of her bilateral knees reveal joint space narrowing, subchondral sclerosis and osteophyte formation throughout all three compartments. She is not working she is retired. Treatment to date has included medications, a cortisone injection, physical therapy, and status post right knee arthroscopy about 10 years ago. On 09-28-2015 Utilization Review non-certified the request for aquatic arthritis program, 4 times weekly for 1 year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic arthritis program, 4 times weekly for 1 year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation URL [[www.ncbi.nlm.nih.gov/pubmed/14639556](http://www.ncbi.nlm.nih.gov/pubmed/14639556)].

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

**Decision rationale:** The patient presents with right knee pain. The request is for Aquatic arthritis program, 4 times weekly for 1 year. Physical examination to the right knee on 09/15/15 revealed tenderness to palpation on the medial, lateral and patellofemoral joint lines. Range of motion was noted to be limited with pain. Per Request For Authorization form dated 09/21/15, patient's diagnosis includes right knee OA. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, Aquatic therapy section, page 22 states: "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, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In progress report dated 09/15/15, the treater is requesting aquatic osteoarthritis program to strengthen the surrounding knee muscles and minimize the knee pain. The patient continues with right knee pain and is diagnosed with right knee osteoarthritis. Given the patient's condition, a short course of Aqua Therapy would be indicated. However, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises. There is no documentation of obesity, either. Furthermore, MTUS recommends up to 10 visits of therapy and the request for 4 times weekly for one year exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.