

<b>Case Number:</b>	CM15-0198831		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Arizona, California

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 40 year old female, who sustained an industrial-work injury on 7-8-14. A review of the medical records indicates that the injured worker is undergoing treatment for right knee medial meniscus tear, right knee pain, right knee strain and sprain and status post-surgery right knee. Treatment to date has included pain medication, right knee surgery 11-22-14, and physical therapy right knee at least 15 sessions, 11 acupuncture sessions, off of work and other modalities. X-Ray of the right knee dated 3-27-15 reveals unremarkable study. Medical records dated (2-16-15 to 7-7-15) indicate that the injured worker complains of right knee pain rated 5-8 out of 10 on the pain scale with stiffness, heaviness and weakness associated with activity. This has been unchanged from previous visits. The physician indicates that the injured worker gets relief from acupuncture and physical therapy. Per the treating physician report dated 7-7-15 the injured worker has not returned to work. The physical exam dated 7-7-15 reveals right knee flexion is 90 degrees out of 140 degrees, there is tenderness of the anterior and posterior knee, there is muscle spasm and McMurray's test is positive. The requested services included Aqua Therapy Evaluation and Treatment 2 times a week for 6 weeks at [REDACTED] and Supartz Injections to Right Knee, 1 Supartz Injection to The Right Knee Once A Week for 3 Consecutive Weeks x3, x3, x6. The original Utilization review dated 10-8-15 non-certified the request for Aqua Therapy Evaluation and Treatment 2 times a week for 6 weeks at [REDACTED] and Supartz Injections to Right Knee, 1 Supartz Injection to The Right Knee Once A Week for 3 Consecutive Weeks x3, x3, x6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy Eval and Treat 2x6 at [REDACTED]: Upheld**

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

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

**Decision rationale:** 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, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant was previously order physical therapy. The amount requested exceeds the amount suggested by the guidelines. The request for 12 aqua therapy sessions above is not medically necessary.

**Supartz Injections to Right Knee, 1 Supartz Injection to the Right Knee Once A Week for 3 Consecutive Weeks x3, x3, x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 35.

**Decision rationale:** In this case, the claimant had a meniscal injury and has present symptoms of post-arthroscopic surgery. There is no indication of arthritis or age over 50 that meet the criteria for osteoarthritis. The request for Supartz injections is not indicated for those without arthritis and is not medically necessary.