

<b>Case Number:</b>	CM15-0200338		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 42 year old female, who sustained an industrial injury on November 03, 2010. The injured worker was diagnosed as having medial and lateral meniscectomy, status post partial medial and lateral meniscectomy in December of 2013, chondroplasty of the patella and medial and lateral femoral condyles, along with residual knee pain with contraction relating to chondromalacia. Treatment and diagnostic studies to date has included medication regimen, above noted procedure, status post right knee surgery in May of 2012, use of heat, use of ice, physical therapy, x-rays of the bilateral knees. In a progress note dated September 25, 2015 the treating physician reports complaints of pain to the right knee. Examination performed on September 25, 2015 was revealing for tenderness to the right knee, decreased range of motion to the right knee with pain, hypoesthesia to the wound sites, dysesthesia to the right ankle, and "moderate" swelling to the right knee. The injured worker's pain level on September 25, 2015 was rated a 9 to 10 out of 10 without the use of her medication regimen, and the pain level was rated a 7 out 10 with the use of her medication regimen. The progress note from September 25, 2015 indicated that the injured worker's pain interferes with sleep patterns, mood, relationships, work, concentration, and "overall functioning", but the progress note did not indicate if the injured worker experienced improvement with the above listed activities with the use of her medication regimen or with prior physical therapy. On September 25, 2015 the treating physician requested water therapy times twelve sessions to the right knee noting that traditional physical therapy exacerbated the pain and she would not be able to tolerate it. The medical records provided indicated prior physical therapy at an unknown quantity, but did not include prior water therapy. On September 30, 2015 the Utilization Review denied the request for water physical therapy times twelve sessions for the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Water physical therapy x 12 for the right knee:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state that "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." Medical records document height as 5'6 and weight at 230 lbs indicating a BMI of 37.1. in the 'obesity' range. MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." ODG states regarding knee aqua therapy, "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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life...In patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise." The treating physician does not document any mobility or functional limitations that would limit the patient's land based exercises. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. As written, the request is for 12 therapy sessions. The number of sessions requested is in excess of the six visit clinical trial. As such, the request for Water physical therapy x 12 for the right knee is not medically necessary.