

<b>Case Number:</b>	CM15-0205363		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 34 year old male, who sustained an industrial injury on 2-9-12. Medical records indicate that the injured worker is undergoing treatment for a right knee medial meniscus tear, bilateral knee pain, left knee status-post synovectomy and left knee infrapatella bursitis. The injured workers work status was noted to be modified duties. On (9-22-15) the injured worker complained of bilateral knee pain. The injured worker reported left knee pain with mild swelling and instability. The right knee was noted to have clicking with immediate pain thereafter. The injured worker had undergone a left knee arthroscopy with synovectomy on 1-19-15, which did not improve the injured workers left knee condition. Examination of the left knee revealed minimal medial joint line pain to palpation and tenderness to palpation over the patellar tendon. Range of motion was 0-120 degrees. Right knee examination revealed tenderness to palpation over the medial and lateral aspect. A McMurray's, bounce home and Apley's compression test were positive. Treatment and evaluation to date has included medications, MRI of the right knee, physical therapy (24), left knee injection, knee braces and two left knee surgeries. An MRI of the right knee (9-17-15) revealed a small vertical tear in the medial meniscus. Current medications include Ibuprofen. The current treatment request is for physical therapy (aquatic therapy) two times a week for six weeks for the bilateral knees. The Utilization Review documentation dated 9-28-15 non-certified the request for physical therapy (aquatic therapy) two times a week for six weeks for the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (aquatic therapy) 2x a week for 6 weeks for the bilateral knees:** 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, Physical Medicine.

**Decision rationale:** Based on the 9/22/15 progress report provided by the treating physician, this patient presents with ongoing bilateral knee pain, which is located medial/anteriorly with mild swelling and instability. The treater has asked for Physical therapy (aquatic therapy) 2x a week for 6 weeks for the bilateral knees on 9/22/15. The request for authorization was not included in provided reports. The patient is s/p left knee arthroscopy with synovectomy on 1/19/15 which did not improve his left knee condition whatsoever per 9/22/15 report. The patient is also s/p 24 post-op physical therapy sessions with unspecified benefit per 9/22/15 report. The patient had an injection of kenalog, marcaine, and lidocaine to the left knee at his last visit, which only relieved pain for 2-3 days but was ineffective per 9/22/15 report. The patient has increased right knee pain due to favoring the left knee per 6/10/15 report. The patient is currently on modified duty per 9/22/15 report. MTUS 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 Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient is s/p left knee arthroscopy on 1/19/15 and s/p 24 post-op physical therapy sessions, the last course of 12 sessions occurring between 4/29/15 and 6/10/15 with a subsequent increase in compensatory right knee pain. Utilization review letter dated 9/28/15 denies request due to lack of documentation of necessity for reduced weight bearing. In regard to the request for 12 sessions of aquatic therapy, there is subjective description of "instability" according to the patient, but the physical exam on 9/22/15 showed only "some pain at the patellar tendon" with resisted extension of left knee but no documentation of instability and no such related diagnosis per review of reports. Furthermore, the patient has completed 24 courses of postoperative therapy and the MTUS guidelines allow for 8-10 sessions for non-operative cases. Therefore, the request is not medically necessary.