

<b>Case Number:</b>	CM15-0028639		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	04/19/2007
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: North Carolina

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 53 year old female with an industrial injury dated April 19, 2007. The injured worker diagnoses include status post total knee replacement on July 2014, knee pain, primarily localized osteoarthritis of the lower leg and left knee degenerative joint disease. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/13/2015, the injured worker presented for a follow up status post left knee replacement. She reported improvement in range of motion. The treating physician noted well healed left knee scar, no effusion, mild tenderness in the left knee, and range of motion 0-120. The treating physician prescribed post-operative physical therapy (aquatic based) for the left knee, QTY: 12. Utilization Review determination on February 3, 2015 denied the request for post-operative physical therapy (aquatic based) for the left knee, QTY: 12, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy (Aquatic Based) for the Left Knee, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic 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, 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land-based physical therapy. The request for physical therapy is within the recommended number of session but the need for aquatic versus land based physical therapy has not been established. For these reasons criteria have not been met for the requested service and it is not certified.