

<b>Case Number:</b>	CM15-0213297		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 66 year old female, who sustained an industrial injury on 9-23-2010. The injured worker is undergoing treatment for right knee meniscal tear, left knee meniscal tear and status post bilateral knee surgery. Medical records dated 10-2-2015 indicate the injured worker complains of right knee pain and painful difficulty walking. Physical exam dated 10-2-2015 notes antalgic gait and use of cane for ambulation, bilateral knee tenderness to palpation, and decreased range of motion (ROM) and right knee swelling, and positive McMurray's. Treatment to date has included right knee surgery, left knee surgery, home exercise program (HEP), pain with land physical therapy and medication. The original utilization review dated 10-15-2015 indicates the request for aquatic therapy bilateral knees X 12 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, bilateral knees, 12 sessions:** 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, and Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Based on the 10/2/15 progress report provided by the treating physician, this patient presents with continued right knee pain and is s/p right knee arthroscopy with medial and lateral meniscectomy and partial synovectomy in the notch, suprapatellar pouch and medial compartment from 6/4/15. The treater has asked for Aquatic therapy, bilateral knees 12 sessions on 10/2/15. The patient's diagnosis per request for authorization dated 10/9/15 is bil knees. The patient states that her right knee range of motion is slightly improved, but continues to have a painful gait requiring a cane for balance per 10/2/15 report. The patient failed conservative care and medications for several years, and then decided to undergo the knee surgery per 7/22/15 report. Per 8/4/15 report, the patient had an initial physical therapy evaluation on 6/24/15. Since then, the patient is s/p 2 sessions of physical therapy with unspecified benefit as of 8/4/15 report. The patient is to return to modified work as of 10/2/15 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 Post-Surgical Treatment Guidelines, Knee Section, page 24, 25 states: "Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks, Postsurgical physical medicine treatment period: 6 months." The treater is requesting "pool therapy short trial 2x3 due to pain with land PT and cane dependant [dependent] with antalgic gait" per 10/2/15 report. The request for authorization associated with this request, dated 10/9/15, specifies "aquatic therapy 2x6, 12 sessions." The patient has completed 2 sessions of land-based physical therapy which was painful. Utilization review letter dated 10/15/15 denies the request due to "lack of documentation as to why additional skilled therapy is recommended." In this case, the patient is 4 months s/p right knee meniscectomy and there is documentation of the failure of land-based physical therapy. However, MTUS postsurgical guidelines recommend 12 visits of physical therapy following a meniscectomy. In addition to the prior 2 sessions of physical therapy, the current request for an additional 12 sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.