

<b>Case Number:</b>	CM15-0221189		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Preventive Medicine, Occupational 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:

This 55 year old female sustained an industrial injury on 9-1-14. Documentation indicated that the injured worker was receiving treatment for right knee pain. Previous treatment included aquatic therapy (at least 12 sessions), injections and medications. In an aquatic physical therapy evaluation dated 7-30-15, the injured worker complained of right knee pain rated 5 to 9 out of 10 on the visual analog scale. Physical exam was remarkable for right knee with tenderness to palpation with swelling to the medial and superior aspect of the right knee, 4 out of 5 right lower extremity strength and positive straight leg raise. The injured worker was working modified duty. In the most recent PR-2 submitted for review, dated 8-31-15, the injured worker complained of ongoing right knee pain, rated 6 to 7 out of 10. The injured worker continued to have "significant" pain with limited weight bearing activities. The injured worker had completed six sessions of aqua therapy which "was helping". No physical exam was documented. The treatment plan included six additional sessions of aquatic therapy for gait training and increasing strength and continuing current medications (Tramadol, Flexeril and Ibuprofen). In an aquatic therapy treatment note dated 10-8-15, the injured worker complained of right knee pain rated 7 to 8 out of 10. On 10-14-15, a request for authorization was submitted for eight sessions of additional aquatic therapy for the right knee. On 10-22-15, Utilization Review modified a request for eight sessions of additional aquatic therapy for the right knee to three sessions of additional aquatic therapy for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aquatic therapy 2 times per week for 4 weeks (8 sessions), right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Knee & Leg (Acute & Chronic).

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

**Decision rationale:** The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, continued non-weight bearing exercises are warranted. However, the injured worker has already completed 12 sessions and should be able to transition to a self-directed exercise program. The request for additional aquatic therapy 2 times per week for 4 weeks (8 sessions), right knee is determined to not be medically necessary.