

<b>Case Number:</b>	CM15-0038844		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 60-year-old female, who sustained an industrial injury on 06/11/2012. She has reported subsequent right shoulder pain and right knee pain was diagnosed with shoulder bursitis and knee sprain. Treatment to date has included oral and injectable pain medication and physical therapy. In a progress note dated 02/13/2015, the injured worker complained of right knee pain that was rated as 7-8/10. Objective findings were notable for right knee swelling, palpable tenderness over the medial compartment of the right knee and crepitus to palpation. A request for authorization of aquatic therapy was made during this visit without an explanation as to why the request was being made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 x 3 weeks, Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatments for Workers Compensation, Online Edition, Chapter: Knee and Leg, Physical Medicine Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy.

**Decision rationale:** The California MTUS section on aquatic therapy 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. 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)The patient does not meet criteria as set forth above for aquatic therapy and thus the request is not certified.