

<b>Case Number:</b>	CM15-0059126		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/03/2004
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female, who sustained an industrial injury on 2/03/2004. She reported a slip and fall with injury to the neck and back. She is status post cervical fusion in 2009, carpal tunnel release in the right wrist 2012, and total left knee replacement in 2014. Diagnoses include cervical and lumbar radiculopathy, shoulder impingement, carpal tunnel and osteoarthritis of the knee. Treatments to date include medication therapy and physical therapy. Currently, she complained ongoing left knee pain with weakness. On 1/26/15, the physical examination documented a well healed surgical incision with decreased strength in the left lower extremity. The plan of care included aquatic therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2 nd Edition, (2004) Chronic Pain, p87.

**Decision rationale:** The claimant is more than 10 years status post work-related injury. She is being treated for left knee pain and has osteoarthritis. Her BMI is over 37. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weightbearing physical activities. In this case, the claimant has knee osteoarthritis and is obese and a trial of Aquatic therapy could be considered in this case. However, Guidelines recommend a six visit clinical trial with reassessment prior to continuing treatment. The number of visits being requested is in excess of this recommendation and therefore not considered medically necessary.