

<b>Case Number:</b>	CM15-0059180		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 60 year old female who sustained a work related injury May 28, 2013. According to a primary treating physician's progress report, dated March 10, 2015, the injured worker presented with constant pain in the left knee that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and prolonged standing. She describes the pain as burning, rated, 8/10, and admits to swelling and buckling. There is constant pain of the right knee, rated 7/10, described as throbbing, with some swelling and buckling. She also complains of headaches, TMJ (transmandibular joint) and chest wall pain. Diagnosis is documented as internal derangement, s/p right knee surgery. Treatment plan included medication refills, follow-up with another physician, and administration of Synvisc injection (first of 3) to the right knee. The procedure was well tolerated. A request for authorization dated March 12, 2015, requests Aqua therapy 2 x 4 to the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua physical therapy two times a week for four weeks for the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**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), 2nd Edition, (2004) Chronic Pain, p87.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for right knee pain. She has imaging showing findings of a meniscal tear and early arthritis. Treatments include viscosupplementation injections. The claimant's BMI is 26. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, the claimant has right knee pain and is obese. Therefore, 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.