

<b>Case Number:</b>	CM14-0121206		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Spinal Cord Injury and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48 year old male. His date of injury was 05/09/2013 and the mechanism of injury was a fall and a crushing injury. His relevant diagnoses were a right ankle injury possible fracture possible ligamentous tear; rule out neuralgic pain of the left foot and ankle; rule out meniscus tear in the right knee; rule out rotator cuff tear in the right shoulder; cervical, thoracic and lumbar strain. His past treatment included a psychological and behavioral evaluation on 02/19/2014, physical therapy 2xweek x 3 weeks starting 04/01/2014 postoperatively for the right knee. His diagnostics included an MRI of right knee on 11/26/2013. His surgical history included right knee surgery on 03/28/2014. His subjective complaints were pain. His objective physical findings are not available in medical chart. His relevant medications include gabapentin, nabumetone, protonix and buprenorphine. The treatment plan was acupuncture, psychology consult, medication consultation, physical therapy, and pain medication. The rationale for this request was not provided in the medical record. Request for Authorization Form for 8 treatments of aquatic therapy dated 07/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY RIGHT KNEE WITH POOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY Page(s): 22.

**Decision rationale:** The request for PHYSICAL THERAPY RIGHT KNEE WITH POOL is not medically necessary. The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. The patient has chronic knee pain. There was a lack of information in the clinical notes in regard to why the injured worker would need pool therapy vs traditional land based physical therapy. In the absence of such rationale the request does not meet the evidence based guidelines. As such, the request is not medically necessary.