

<b>Case Number:</b>	CM14-0145521		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 59 year old female who reported a date of injury of 10/04/2011. The mechanism of injury was not indicated. The injured worker had diagnoses of bilateral medial meniscal tear and right hip internal derangement. Prior treatments included physical therapy. The injured worker had an MRI arthrogram of the right hip with an unofficial report indicating moderate hip dysplasia and a MRI of the knees bilaterally with an unofficial report indicating early arthritis without meniscal tearing. The official reports and dates of the studies were not included within the medical records received. Surgeries included arthroscopy of the right hip with repair of unknown date. The injured worker had complaints of moderate to severe ongoing problems with the knees bilaterally. The clinical note dated 07/29/2014 noted the injured worker's range of motion of the right lower extremity was 30 degrees of internal rotation without pain, 60 degrees of external rotation with mild lateral pain and was neurologically intact from the L2 to S1. There was no tenderness to palpation to the injured worker's right lower extremity and had a negative straight leg raise. The injured worker had moderate crepitus of the knees bilaterally with limited range of motion in the knees secondary to swelling, especially with flexion. Medications were not indicated within the medical records received. The treatment plan included the physician's recommendation for the injured worker to be evaluated by [REDACTED] [REDACTED] for a possible knee replacement operation. The rationale and request for authorization form were not included within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY 2X6 WEEKS RIGHT HIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

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

**Decision rationale:** The request for aquatic therapy 2x6 weeks right hip is not medically necessary. The injured worker had complaints of moderate to severe ongoing problems with the knees bilaterally. The California MTUS guidelines recommend aquatic therapy 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. The guidelines recommend 9-10 visits over 8 weeks to allow for fading of treatment from up to 3 visits a week to less than 1, plus active self-directed home physical therapy. 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. The guidelines recommend aquatic therapy for patients where reduced weight bearing is desired such as extreme obesity. There is a lack of documentation indicating the injured worker has obesity or an extenuating circumstance to warrant the use of aquatic therapy. Furthermore, the injured worker was noted to be 5 months post-op hip arthroscopy as of the 07/29/2014 examination and completed physical therapy. However, there is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior physical therapy. There is a lack of documentation the injured worker has significant functional deficits to warrant additional therapy. Additionally, the request for 12 sessions of aquatic therapy exceeds the guideline recommendation of 9-10 sessions over 8 weeks. As such, the request is not medically necessary.