

<b>Case Number:</b>	CM14-0146054		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Family Practice and is licensed to practice in Texas. 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 54 year old female who reported an injury on 11/06/2012 due to lifting. The injured worker has diagnoses of right knee osteoarthritis, medial meniscal tear, and chronic right knee sprain/strain. Past treatment has included medications, surgery, aqua therapy, a home based exercise program, and physical therapy. Diagnostic testing included an MRI of the right knee on 12/02/2013. The injured worker underwent right knee arthroscopy with medial and lateral meniscectomies, and synovectomy of medial gutter and intercondylar notch area on 02/11/2014. The injured worker complained of increasing right knee pain after pool therapy on 08/11/2014. The physical examination revealed tenderness along the medial and lateral joint lines as well as pain with active knee extension. Medications included Celebrex, Hydrocodone-Acetaminophen, and Feldene. The treatment plan is for Aqua pool therapy x8. The rationale for the request was not submitted. The request for authorization form was submitted on 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Aqua pool therapy x8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical therapy Page(s): 98-99, 22.

**Decision rationale:** The request for Aqua pool therapy x 8 is not medically necessary. The injured worker complained of increasing right knee pain after pool therapy on 08/11/2014. 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. 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 sessions of physical therapy over 4 weeks for myalgia and myositis with the fading of treatment frequency, plus active self-directed home physical medicine. The injured worker has completed an undisclosed amount of sessions of land-based physical therapy and aqua therapy. There is a lack of documentation demonstrating that the injured worker has significant functional deficits for which active therapy would be indicated. The requesting physician did not provide documentation demonstrating the injured worker's need for aquatic therapy and reduced weight bearing as opposed to land based physical therapy. The injured worker also reported her pain was aggravated by physical therapy. Furthermore, the submitted request does not specify the site or frequency of treatment. Therefore, the request of aqua pool therapy x8 is not medically necessary.