

<b>Case Number:</b>	CM14-0148060		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 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:

This 48 year-old patient sustained an injury on 11/1/06 from a fall while employed by [REDACTED]. Request(s) under consideration include Aqua Therapy 2 times a week for 4 weeks, right knee. Diagnoses include lumbar spine degenerative disc protrusion at L4-S1; right elbow contusion; right meniscal tear s/p right arthroscopic medial meniscectomy w/ synovectomy on 4/23/07; right knee arthroscopic surgery for recurrent medial meniscal tear on 5/3/12; and left knee arthroscopic surgery for partial ACL and lateral meniscal tear on 2/6/14. Report of 7/14/14 from the provider noted the patient with ongoing constant left knee pain aggravated by ambulation with feeling of crepitus; low back pain radiating to left lower extremity; left knee pain radiating to foot. Conservative care has included physical therapy, medications, chiropractic treatment, acupuncture, and modified activities/rest. Exam showed ambulation with cane; TTP at L4-S1 of paralumbar muscles; restricted lumbar range in all directions; positive SLR at 60 degrees; left knee with tenderness on palpation over medial aspect; patella tracking with retropatellar crepitus; range of flex/ext of 90-0 degrees; positive McMurray's, Apley's, and Valgus/varus stress test. Treatment included topical compound analgesics and aquatic therapy. The request(s) for Aqua Therapy 2 times a week for 4 weeks, right knee was non-certified on 8/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2 times a week for 4 weeks, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** The patient underwent left knee surgery on 2/6/14 with post-op physical therapy, chiropractic treatments, and acupuncture. Current request was for aquatic therapy for right knee with last surgery in May 2012. Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or right knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua Therapy 2 times a week for 4 weeks, right knee is not medically necessary.