

<b>Case Number:</b>	CM14-0149417		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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, 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 patient is an injured worker with low back pain and right knee conditions. The patient sustained an injury on 05/09/14. The patient was in the process of securing a child in a bus when suddenly the patient was rear-ended causing the patient to be knocked off the feet. In the process, the patient fell onto the right knee and twisting the back. The patient was previously treated with medication, modified duty, physical therapy, and chiropractic therapy. The primary treating physician's progress report dated 08/15/14 documented that the patient experienced low back pain. There was numbness and tingling to the right thigh. The patient complained of stiffness and ongoing popping of the right knee. On physical examination of the lumbar spine, there was tenderness over the paravertebral muscles and right sacroiliac joint. The straight leg raise was positive at the right lower extremity. There was decreased sensation over the L5-S1. On examination of the right knee, there was tenderness over the patellar. The range of motion of the right knee was 120 degrees in flexion and 0 degree in extension. The grind test was positive. On the review of systems, the patient was positive for joint pain, muscle spasm, and sore muscles. The patient had popping and giving away. The patient was diagnosed with lumbar spine sprain and strain and right knee contusion and sprain and strain. Progress report dated 6/2/14 subjective complaints of low back pain and right knee pain. Physical examination was documented. Normal lordosis was noted. Tenderness to palpation is present over the paravertebral musculature and right sacroiliac joint. Sacroiliac stress test is positive on the right Straight leg raise is negative. Lumbar spine flexion was 46 degrees, extension was 16 degrees, right side bending was 16 degrees, and left side bending was 18 degrees. Right knee inspection reveals tenderness over the popliteal fossa. Valgus and varus stress tests were negative. McMurray's test was negative. Patellar grind test was negative. Range of motion of the right knee flexion was 128 degrees and extension was 0 degrees. Sensation is intact in the bilateral lower extremities. Motor Grade 5/5 in

the bilateral lower extremities. Patellar and Achilles reflexes are 2+ bilaterally. The patient ambulates with a limp favoring her left lower extremity. Progress report dated 5/12/14 documented weight 160 pounds, height 67 inches, and BMI body mass index 25.1. Utilization review determination date was 8/28/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy 2x4 for the lumbar spine and the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy; Knee & Leg, Physical medicine treatment

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Medical records do not document extreme obesity. Progress report dated 5/12/14 documented weight 160 pounds, height 67 inches, and BMI body mass index 25. The patient is ambulatory with normal lower extremity strength. The medical records do not support the medical necessity of aquatic therapy in accordance with MTUS guidelines; therefore, this request is not medically necessary.