

<b>Case Number:</b>	CM14-0151700		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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 is a 33-year-old male claimant sustained a work injury on January 13, 2012 involving the neck, back and right knee. He was diagnosed with lumbar/thoracic strain and an old right knee ACL injury. He had been on Norco for pain. A progress note on August 14, 2014 indicated the claimant had continued medial right knee pain and locking when walking. The knee exam was unremarkable. The claimant had previously used a pool at her gym and found benefit for rehabilitating her right knee. The treating physician requested a 12 month membership at the claimant's gym so she can use her pool independently. Her request was made for aquatic therapy for the right knee times 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

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

**Decision rationale:** According to the guidelines, aquatic therapy is recommended as an option of the exercise therapy and as an alternative to land-based physical therapy. The number of

supervised visits of aquatic therapy is up to 10 sessions. In this case the physician's request is for an unsupervised pool therapy. In addition it is unclear as to whether there are 12 sessions of aquatic therapy requested or aquatic therapy over 12 months. Either way the amount of sessions requested exceeds that of the guidelines. The request for 12 sessions of Aquatic Therapy is not medically necessary.