

<b>Case Number:</b>	CM14-0182196		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Rheumatology and is licensed to practice in Maryland. 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 a 55 year old female with date of injury 10/29/2014. The mechanism of injury is stated as a fall. The patient has complained of lower back, left hip, right ankle and knee pain since the date of injury. She has been treated with a TENS unit, physical therapy, aquatic therapy and medications. There are no radiographic data included for review. Objective: antalgic gait, positive McMurray's sign bilaterally, positive straight leg raise, positive Spurling's maneuver, mild decrease in left knee flexion. Diagnoses: tendino ligamentous injury knee, internal derangement knee, osteoarthritis knee. Treatment plan and request: aquatic therapy 14 sessions right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 14 sessions, to the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** This 55 year old female has complained of lower back, left hip, right ankle and knee pain since date of injury 10/29/14. She has been treated with a TENS unit, physical

therapy, aquatic therapy and medications. The current request is for aquatic therapy, 14 sessions for the right knee. Per the MTUS guidelines cited above, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The medical necessity/rationale for continued passive physical therapy and supervised aquatic therapy is not documented in the available medical records. On the basis of the MTUS guidelines and available medical documentation, aquatic therapy 14 sessions for the right knee is not indicated as medically necessary.