

<b>Case Number:</b>	CM14-0213219		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Family Practice

### 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 injured worker's date of injury is 11/09/2013. The initial injury occurred when the knee stuck in the mud and twisted while falling. This patient receives treatment for chronic low back and left knee pain. The patient received physical therapy, a roller, and injections. Medications prescribed include Baclofen, Lidocaine solution, and Tramadol. An MRI of the left one showed a torn posterior horn of the meniscus. A radiograph of the neck showed some degenerative disc disease. The medical diagnoses include cervical disc disease, low back pain, knee pain, and shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the low back and left knee (2x3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, physical medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Low back, Physical therapy and physical medicine treatment

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

**Decision rationale:** This patient receives treatment for chronic low back pain and left knee pain. The patient had some physical therapy, but the response of the patient and the number of sessions received are not documented. Aquatic therapy may be medically indicated when the patient has morbid obesity, because it can minimize weight bearing for those individuals who require this. The documentation does not specify this particular need or the level of obesity if present, and therefore, aquatic therapy is not medically indicated.