

<b>Case Number:</b>	CM15-0017930		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 60 year old female who sustained a work related injury May 28, 2013. According to a primary treating physician's progress report dated January 13, 2015, the injured worker presented with constant left knee pain described as burning, rated 8/10 and unchanged. There is constant right knee pain described as throbbing, rated 5/10 and unchanged. She also complains of jaw pain and awaiting treatment. Physical examination reveals a slow guarded gait; right knee tenderness in the joint line, patellar grind test is positive, anterior drawer and pivot shift tests are negative and positive McMurray's. There is crepitus with range of motion and a well healed scar. Diagnosis is documented as Derangement Knee s/p right knee surgery. Treatment plan included refilling medication and request for authorization for aquatic therapy. According to utilization review dated January 23, 2015, the request for Aquatic therapy (2) times per week for (4) weeks (8) total visits has been modified to Aquatic Therapy (2) times per week for (3) weeks (6) total visits, citing MTUS Chronic Pain Medical Treatment Guidelines and ODG (Official Disability Guidelines)-TWC, Knee and Leg Procedure Summary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 times per week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment and it is noted that the patient recently completed a course of land-based physical therapy. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.