

<b>Case Number:</b>	CM15-0123659		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 23-year-old male with an August 20, 2014 date of injury. A progress note dated May 18, 2015 documents subjective complaints (lower back pain and left knee pain), objective findings (unrestricted range of motion of the lumbar spine; no areas of tenderness or spasm of the lumbar spine; range of motion of the lower extremities is normal), and current diagnoses (left lower back pain and strain; left knee pain; mild disc bulge at L5-S1 with annular fissure). Treatments to date have included chiropractic treatments without significant improvement, therapy without significant improvement, magnetic resonance imaging of the lumbar spine (March 19, 2015; showed mild annular disc bulge and tiny posterior central annular fissure), magnetic resonance imaging of the left knee (November 18, 2014; showed findings compatible with femoral trochlear dysplasia with associated chondral fissuring throughout the patellofemoral joint which is chronic, and tendinitis of the patellar tendon, which is acute), and medications. The treating physician documented a plan of care that included aquatic therapy for the left knee and lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, Left Knee & Low Back, 2 times wkly for 3 wks, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

**Decision rationale:** The patient presents with pain affecting the low back and left knee. The current request is for Aquatic therapy, left knee & low back, 2 times wkly for 3 wks, 6 sessions. The treating physician states in the report dated 5/18/15, "The patient was encouraged to continue home exercise program and stretching. We will benefit from a formal course of aquatic therapy. The land therapy did not help him." (25B) The treating physician also documented that the patient had 6 visits of physical therapy without any significant improvement. (21B) The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, the treating physician has not documented any abnormal findings in the left knee and has not documented a need for the patient to have reduced weight-bearing therapy. The current request is not medically necessary.