

<b>Case Number:</b>	CM15-0127480		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 27 year old female, who sustained an industrial injury on February 28, 2013. The injured worker was diagnosed as having right knee meniscal tear, synovitis, arthroscopy and chondromalacia. Treatment to date has included x-rays, magnetic resonance imaging (MRI), surgery, physical therapy and medication. A progress note dated May 20, 2015 provides the injured worker complains of right knee pain rated 5/10. Physical exam notes healing surgical scars with swelling around incisions and no sign of infection or mention of tenderness on palpation. Range of motion is decreased. The plan includes water aerobic therapy, Norco, Voltaren gel and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water aerobics therapy for right knee 2 X 5 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, aquatic therapy.

**Decision rationale:** Aquatic therapy is recommended by the Official Disability Guidelines as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. Aquatic therapy is useful for rehabilitation because it allows patients to exercise in an environment that relieves body weight while muscular strength is gradually restored. In this case, given the prior history of surgery and land-based PT but continued symptoms, aquatic therapy is a reasonable consideration as part of the rehabilitation process, however, evidence of functional improvement is critical, and the request for 10 sessions prior to reevaluation is excessive, as time to produce effects may be in 4-6 treatments. Therefore, the request is not considered medically necessary at this time.