

<b>Case Number:</b>	CM15-0127899		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/07/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/03/2015
<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: 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 39 year old female, who sustained an industrial injury on 6/07/2014. She reported pain in her right hand and fingers while grabbing boxes from a shelf. The injured worker was diagnosed as having right knee pain and mechanical symptoms, right knee chondromalacia, right knee effusion, and right knee grade 2 signal on the meniscus. Treatment to date has included diagnostics, unspecified physical therapy, acupuncture, and medications. Currently, the injured worker complains of constant and sharp, moderate to sharp, stabbing right knee pain. Pain was aggravated by prolonged standing and prolonged walking. Exam of the right knee noted decreased range of motion (flexion 135/140, extension 0/0) and tenderness to palpation. Her knee was injected with Lidocaine and Kenalog. The treatment plan included unspecified aqua therapy and range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for right knee (unspecified quantity):** Upheld

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

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

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The medical records indicate that the patient has had previous physiotherapy. However, there is no comprehensive summary of the functional benefit of previous land-based therapy. According a progress note from April 2015, the requesting provider is asking for aquatic therapy. However, there is no documentation of quantity. The IMR process cannot modify requests, and therefore the original request made is not medically necessary.

**Range of Motion testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Computerized range of motion (ROM), Flexibility, Stretching.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89.

**Decision rationale:** Regarding the request for range of motion and muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why performing a standard musculoskeletal examination for this patient would not suffice, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion and muscle testing is not medically necessary.