

<b>Case Number:</b>	CM15-0175454		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Pennsylvania, Ohio, California  
 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 05-09-2013. She has reported injury to the left knee and low back. The diagnoses have included lumbago; lumbosacral sprain-strain; lumbar muscle spasm; lumbar disc protrusion; grade I anterolisthesis of L5-S1; left knee sprain-strain; left knee medial meniscus tear and free edge tearing of the lateral meniscal body; and left Achilles strain. Treatment to date has included medications, diagnostics, hot packs, physical therapy, and acupuncture. Medications have included Naprosyn, Ibuprofen, Prilosec, and Methoderm topical cream. It is noted that acupuncture treatments had been helpful. A progress note, dated 06-18-2015, noted that she had physical therapy twice a week for four sessions to the left knee, and that the treatment did not help her. A progress report from the treating physician, dated 07-22-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of frequent, moderate low back pain, rated at 5 out of 10 in intensity on the pain scale; the low back pain is described as dull, and cramping, radiating to the bilateral hips; constant moderate left knee pain, rated at 6 out of 10 in intensity; the left knee pain is described as achy, stabbing, tingling, and weakness, radiating to the calf with tingling and weakness; constant moderate left ankle pain, rated at 5 out of 10 in intensity; the left ankle pain is described as achy, sharp, stiffness, heaviness, numbness, and tingling; and there is complaint of loss of sleep due to pain. Objective findings included sensation is decreased globally in the left lower extremity; lumbar ranges of motion are decreased and painful; there is +3 tenderness to palpation of the lumbar paravertebral muscles with muscle spasm; Kemp's and sitting straight leg raise cause pain bilaterally; the left knee ranges of motion are decreased and

painful; there is +3 tenderness to palpation of the anterior knee, inferior border of the patella, medial border of patella, and lateral border of patella; patellar compression and valgus cause pain; left ankle ranges of motion are decreased and painful; there is +3 tenderness to palpation of the plantar heel and Achilles tendon; anterior drawer causes pain; and she is awaiting surgery for the left knee. The treatment plan has included the request for aqua therapy left knee x 12 visits. The original utilization review, dated 08-06-2015, non-certified a request for aqua therapy left knee x 12 visits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aqua therapy left knee x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.