

<b>Case Number:</b>	CM15-0073699		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Massachusetts

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 52 year old female, who sustained an industrial/work injury on 4/22/11. She reported initial complaints of left knee pain. The injured worker was diagnosed as having knee chondromalacia patella, arthralgia, and medial and lateral meniscus tears. Treatment to date has included oral and topical medication, diagnostics, surgery (left knee debridement, chondroplasty and meniscectomy on 8/31/11 and meniscectomy on 3/13/13), and physical therapy. Electromyography and nerve conduction velocity test (EMG/NCV) performed on 2/23/15. X-Rays results were reported on 11/7/14 and 2/23/15. Currently, the injured worker complains of burning pain in the knees with prolonged walking. Per the primary physician's progress report (PR-2) on 1/12/15, examination noted ambulation with use of a cane, slight tenderness to the knees with range of motion at 0-135, and neuro-circulatory system was intact. The requested treatments include Aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 times a week for 6 weeks (12 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant is more than four years status post work-related injury and underwent an arthroscopic meniscectomy in March 2013. When seen, she had normal range of motion and slight tenderness. She was noted to ambulate with a cane. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has knee pain after undergoing a meniscectomy and pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of treatments being requested is in excess of the guideline recommendation and not medically necessary.