Case Number:	CM15-0077137		
Date Assigned:	04/28/2015	**Date of Injury:**	01/14/2011
Decision Date:	06/30/2015	**UR Denial Date:**	04/11/2015
Priority:	Standard	**Application Received:**	04/22/2015

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: Montana
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 69 year old female who sustained an industrial injury on 01/14/2011. Mechanism of injury was cumulative trauma of being on her feet all day for many years causing bilateral knee and foot pain. Diagnoses include knee pain and pain in joint lower leg. Treatment to date has included diagnostic studies, medications, right total knee replacement on 02/24/2011, left knee arthroscopic surgery 01/2011, left bunion surgery and correction of hammer toe on 08/01/2011, which was complicated by an infection with resultant debridement x 2 and intravenous antibiotic treatment, left knee intra-articular injections, left knee support brace, home exercise program, and physical therapy. A physician progress note dated 03/31/2015 documents the injured worker complains of bilateral knee pain and left foot pain. She rates her pain with medications as 4 on a scale of 1 to 10 and without her medications as 7 on a scale of 1 to 10. She reports her medications are working well and she has no side effects and she continues to receive significant relief from topical medications. Her medications include Omeprazole, Trazodone, Voltaren 1% gel, Citalopram, Aspirin, Hydrochlorothiazide, Deplin-algal oil, and Tylenol Extra Strength. She has a left sided antalgic gait and has a slowed gait and is assisted by a cane. Inspection of the right knee shows no limitation in flexion, extension, internal rotation or external rotation. There is tenderness to palpation over the lateral joint line and medial joint line. Right knee is stable. Left knee shows joint swelling and range of motion is restricted, and there is crepitus noted with active movement. There is tenderness to palpation over the medial joint line and patella. Left ankle has tenderness over the first metatarsal and MTP joint. The lumbar spine reveals restricted range of motion. There is tenderness and tight muscle band noted over

the paravertebral muscles on both sides. Spinous process tenderness in noted on L5. There is tenderness over the coccyx. X rays of the lumbar spine done on 12/18/2012 show L3-L4 spondylolisthesis. Treatment plan is to continue on medications, continue use of her cane, use knee brace and home exercise program. The injured worker had good relief with pool therapy and states better active range of motion and it was easier on her joints. Treatment requested is for Aquatic Therapy, 12 treatments for the bilateral knees, left foot, lumbar spine and psyche.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 12 treatments for the bilateral knees, left foot, lumbar spine and psyche: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22; 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical medicine Page(s): 22, 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Aquatic therapy.

Decision rationale: The MTUS notes that aquatic therapy is recommended 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, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) The MTUS Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. The ODG guidelines state that, in patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise. (Batterham, 2011) Initiating aquatic therapy just 6 days after total knee arthroplasty (TKA) improved patient-reported outcomes compared with starting therapy 14 days after surgery, according to this RCT. Aquatic therapy is useful for TKA rehabilitation because it allows patients to exercise in an environment that relieves body weight while muscular strength is gradually restored. Patients do not usually start aquatic therapy until 14 days after surgery, to allow the wound to heal. This RCT showed that the use of early aquatic therapy has opposite effects in terms of health-related quality of life after THA when compared with TKA. The authors speculated that one important explanation for the greater improvement with early aquatic therapy for TKA patients is a lower level of satisfaction that TKA patients typically have after the procedure compared with hip patients. (Liebs, 2012) The AHRQ Comparative Effectiveness Review of PT for knee arthritis concluded that aquatic exercises

improved disability but did not improve pain, psychological disability, quality of life, and composite measures of function. (Shamliyan, 2012) This systematic review concluded that aquatic exercise reduced disability. (Wang, 2012) The ODG guidelines for number of treatments states that for Lumbar sprains and strains (ICD9 847.2):10 visits over 8 weeks, Sprains and strains of unspecified parts of back (ICD9 847):10 visits over 5 weeks, Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks, Lumbago; Backache, unspecified (ICD9 724.2; 724.5):9 visits over 8 weeks, and Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks, Post-injection treatment: 1-2 visits over 1 week. In this case the medical records do not document obesity and there is no rationale for the need for non-weight bearing or decreased weight bearing therapy to reduce the effects of gravity. The request for aquatic therapy for the lumbar spine 12 treatments for the bilateral knees, left foot, lumbar spine and psyche exceeds the number of visits recommended and is not consistent with the MTUS guidelines and is not medically necessary.