

<b>Case Number:</b>	CM15-0099324		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 injury on October 13, 2011, incurring neck and low back injuries. She was diagnosed with cervical lordosis and degenerative disc disease and lumbar lordosis and lumbar degenerative disc disease. Treatment included physical therapy, home exercise program, pain medications, muscle relaxants, and knee injections. Currently, the injured worker complained of continued sharp pain with swelling of both knees. She complained of a 7 on a pain scale from 1 to 10. She had numbness, tingling and weakness of her legs. Upon examination, it was noted the injured worker had stiffness and tenderness to the knees. The treatment plan that was requested for authorization included aqua therapy for both knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2x6 Bilateral Knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** This 52 year old female has complained of neck pain and knee pain since date of injury 10/13/11. She has been treated with injections, physical therapy and medications. The current request is for aqua therapy 2 x 6 bilateral knee. Per the MTUS guidelines cited above, aquatic therapy is recommended as an optional form of exercise therapy and is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no documentation in the available medical records that reduced weight bearing therapy is indicated. On the basis of the available medical documentation and per the MTUS guidelines cited above, aqua therapy 2 x 6 bilateral knee is not medically necessary.