

<b>Case Number:</b>	CM13-0050807		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a injured worker with a date of injury of June 23, 2011. A utilization review determination dated November 13, 2013 recommends non-certification of aquatic therapy, two times a week for four weeks. Non-certification is due to a previous history of 12 physical therapy visits without reported benefit. A progress report dated November 4, 2013 identifies subjective complaints indicating that the patient continues to walk with a cane. He has not finished physical therapy and aquatic therapy. Patient continues to take Norco and Diclofenac. Pain is on the inner side of the right knee especially with squatting. He does not use the cane around the house, and continues to have right ankle pain. Physical examination identifies mildly antalgic gait with diffuse tenderness to palpation over the lumbar spine and lateral and medial joint lines of the right knee. Diagnoses include lumbar spine sprain/strain, right knee sprain/strain status post arthroscopy of the knee with debridement of the lateral meniscal tear anterior horn of the meniscus and without evidence of ACL instability or tear, right ankle sprain/strain, history of hypertension, coronary artery disease, neurofibromatosis, and anxiety/depression. The treatment plan indicates that once the patient has completed his course of physiotherapy, maximum medical improvement will likely be reached. Additionally, ongoing medications are recommended. An Agreed Medical Evaluation dated October 7, 2013 indicates that the patient underwent approximately 24 sessions of physical therapy. The note indicates that he may be considered permanent and stationary for his right knee condition. Future medical treatment includes short courses of physical therapy consisting of 2 visits per week for 4 to 6 weeks and that should remain available for significant or prolonged flare-ups. A progress report dated September 24, 2013 indicates that the patient has been unable to complete a course of physical therapy, as it has been unhelpful. The treatment plan recommends authorization for aquatic therapy 2 times a week for 4 weeks for the treatment of the back and the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy two times a week for four weeks to the lumbar spine and right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 340, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy; and the Official Disability Guidelines (ODG), Knee & Leg Chapter, Aquatic Therapy.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no indication of any objective functional treatment goals which are to be addressed with aquatic therapy. Additionally, there is no statement indicating why the treatment goals would be better addressed in a reduced weight bearing environment, as compared with land-based physical therapy. Furthermore, the patient has undergone at least 24 physical therapy sessions thus far, and there is no documentation of any significant objective functional improvement as a result of those therapy sessions. Finally, guidelines recommend a 6 visit clinical trial of therapy, with additional therapy being supported based upon documentation of objective functional improvement. The current request of 8 visits exceeds the number of trial visits recommended by guidelines. The request for Aqua therapy two times a week for four weeks, for the lumbar spine and right knee, is not medically necessary and appropriate.