MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/6/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/19/2013
Date of Injury:	2/27/1995
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010705

1) MAXIMUS Federal Services, Inc. has determined the request for **independent pool program times 1 month is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **independent pool program times 1 month is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
The patient is a 54-year-old with pulmonary and hip complaints secondary to exposure to aerosolized substances 2/27/1995, related to painting and work with asphalt. The patient has avascular necrosis of the hip presumed secondary to steroid use in managing occupational asthma. The patient has had bilateral hip arthroplasties, and last revision of the left on 2/4/13. In total, the patient has had at least 20 hip-related surgeries between the right and left. The patient had physical therapy following his surgery. The patient's recovery has been complicated by neck and low back pain. The patient was noted to have severe osteopenia. He has had gastric bypass in November 2002, to manage steroid-induced obesity. The patient experienced cardiorespiratory failure 8/26/12, requiring CPR. The patient has used long-term high dose narcotics to manage his pain. The patient is requesting one month of an independent pool program.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for independent pool program times 1 month:

<u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 46 – 47, which is part of the MTUS, as well as the Official Disability Guidelines (ODG), Online Edition, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 22, 46 – 47, and 98 - 99, which is part of the MTUS.

Rationale for the Decision:
According to the Chronic Pain Medical Treatment Guidelines, "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. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices."

The medical records provided were reviewed alongside the applicable guidelines. According to the guidelines, home exercise is recommended for maintenance, in order to reduce pain and increase function, including flexibility, strength, endurance and range of motion. However, there is nothing in the MTUS guidelines approving gym membership for swimming to fulfill this recommendation. The employee has had inpatient (February 2013) and outpatient rehabilitation (March-April 2013 both in home and facility, land based and water based). Independent programs are not supported by the MTUS. **The request for independent pool program times 1 month is not medically necessary.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.