

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[Redacted]  
[Redacted]  
[Redacted]

December 20, 2013

Employee: [Redacted]  
Claim Number: [Redacted]  
Date of UR Decision: 7/29/2013  
Date of Injury: 6/30/2010  
IMR Application Received: 8/14/2013  
MAXIMUS Case Number: CM13-0010996

Dear Mr./Ms. [Redacted]:

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [Redacted]

## 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 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 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.

### DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim chronic right leg, right shoulder, right knee, and elbow pain reportedly associated with an industrial injury of June 30, 2010.

Thus far, the applicant has been treated with the following: Prior right knee arthroscopy on December 7, 2010; transfer of care to and from various providers in various specialties; unspecified amounts of prior physical therapy; attorney representation; a functional capacity evaluation; unspecified amount of acupuncture over the life of the claim; unspecified amount of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 29, 2013, the claim's administrator denied a request for aquatic therapy, incorrectly citing the ODG guidelines.

An earlier note of July 15, 2013 is notable for comments that the applicant reports persistent dull, aching knee pain, ankle pain, insomnia, depression, anxiety, and irritability. The applicant exhibits tenderness about numerous body parts. A positive McMurray sign is appreciated about the knee. Decreased knee range of motion is appreciated secondary to pain. The applicant is asked to pursue aquatic therapy while remaining off of work, on total temporary disability.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Aquatic therapy is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), physical therapy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, pg. 22, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicant's who are deconditioned, immobile, and/or unable to participate in land-based therapy or land-based home exercise. In this case, there is no evidence that the applicant meets these criteria. There is no evidence that the applicant has a condition for which reduced weightbearing is desirable. While the applicant does have multifocal knee, ankle, shoulder, and elbow complaints, there is no mention of any gait disturbance or gait abnormality evident here. There is no evidence that reduced weightbearing is indicated for any of these conditions. **The request for aquatic therapy is not medically necessary and appropriate.**

/ldh

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.

[REDACTED]

CM13-0010996