
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0014707	Date of Injury:	7/26/2007
Claims Number:	[REDACTED]	UR Denial Date:	8/5/2013
Priority:	Standard	Application Received:	8/21/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:	Therapy: Aquatic Therapy x 12 Visits for the Left Hip / Lumbar Spine		

DEAR [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: OVERTURN. This means we decided that all 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 07/26/2007. This patient's diagnosis is status post elective arthroscopy of 08/22/2012 with osteoplasty, chondroplasty, synovectomy, and partial iliotibial band release. As of 06/20/2013, the treating physician reported increase in symptoms in the lumbar spine with tenderness on range of motion of the lumbar spine and spondylosis on exam as well as MRI evidence of a meniscus tear and degenerative arthritis in both feet. The patient was given a Toradol injection, and a home exercise program was recommended.

An initial reviewer recommended modification of a chronic therapy request to 6 sessions.

IMR DECISION(S) AND RATIONALE(S)

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

1. Aquatic therapy x 12 visits for the left hip/lumbar spine is medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 22 and 98, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 98, states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task...Allow for fading of treatment frequency plus active self-directed home Physical Medicine." This same guideline states on page 22 regarding aquatic therapy, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." The medical records at this time indicate this is a complex clinical situation noting

multiple diagnoses creating difficulty performing land-based therapy. The guidelines would not apply to assign a specific limited number of therapy sessions in this case given that the issue of multiple synergistic diagnoses are not addressed in the guidelines. The request is consistent with the principles of the guidelines. This request is medically necessary.

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]

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