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

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0017173	**Date of Injury:**	06/04/2012
Claims Number:	[redacted]	**UR Denial Date:**	08/13/2013
Priority:	STANDARD	**Application Received:**	08/27/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
AQUA THERAPY			

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: 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 46-year-old female with a 6/4/12 industrial injury involving her neck and right shoulder. She was reported to have cervical radiculitis and right shoulder impingement. The records show she also has lower back pain that is being disputed and was scheduled for a knee surgery in Oct 2013. She had four arthroscopic knee surgeries in the past and had a right knee TKA in 2009. The 10/4/13 report state she stopped anti-inflammatory medications in preparation for the knee surgery the next week. Her pain levels are 8-10/10 with her other medications. On 7/25/13, she told her psychiatrist that the pain levels were 8-9/10, but the medications reduced it to 4/10. She has depression and anxiety/panic attacks and history of hypertension and diabetes. The 8/28/13 report from Dr. [redacted] notes she had benefit with 6-sessions of aquatic therapy bringing her pain from 9/10 to 6/10. Dr [redacted] requested 12 additional sessions.

IMR DECISION(S) AND RATIONALE(S)

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

1. The continued aquatic therapy is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM guidelines for neck pain, which is a part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy and Physical Medicine, pages 22 and 98-99, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS guidelines recommend aquatic therapy as an option for land-based exercises when reduced weight-bearing is desirable. For the specific number of visits, MTUS refers readers to the Physical Medicine section which allows for 8-10 sessions for various myalgias, neuralgias. The 8/28/13 report from Dr. [redacted] notes the patient had 6 sessions of aquatic therapy with benefit and he was requesting an additional 12 sessions. The 8/13/13 UR denial letter states the patient had 10 sessions but with unknown benefit, and that they were denying the request for 6 sessions. The request in this review is for aquatic therapy without specifying any duration, frequency or total number of visits. If the request was for 12 sessions as the records provided for review indicate, this would not be in accordance with MTUS, as it exceeds the recommendations for 8-10 sessions. **The request for continued aquatic therapy is not medically necessary and appropriate.**

/dso

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[redacted]

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