

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	6/19/2010
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002470

- 1) MAXIMUS Federal Services, Inc. has determined the request for aquatic therapy 2 times a week for 4 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 aquatic therapy 2 times a week for 4 weeks **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 Preventative Medicine and 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 15, 2013:

“PR-2 dated 06/20/13 states that the claimant is a 40-year-old who has noticed slow improvement: however, has intermittent pain rated 5-8/10 in the low back. The claimant has trouble cleaning due to pain. On examination of the low back, there is positive lordosis and tenderness over the bilateral sacroiliac joint and over L5-S1. Range of motion as to flexion is about 45 degrees and extension is 5 degrees. The claimant has had extensive post op physical therapy. Treatment plan includes referral for more aquatic therapy and medications. The claimant is not working at the moment.”

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 for Independent Medical Review (received 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/15/2013)
- Employee medical records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for aquatic therapy 2 times a week for 4 weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines Title 8 Chapter 4.5, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines, pg. 22.

Rationale for the Decision:

The employee sustained a work-related injury on 06/19/10 resulting in lower back injury. The medical records provided for review indicate treatment have included lumbar fusion surgery, and medication management. The request is for aquatic therapy 2 times a week for 4 weeks.

The MTUS Guidelines state aquatic therapy is endorsed as an alternative to land-based therapy in those individuals in whom reduced weight bearing is desirable, as, for example with extreme obesity. The medical records reviewed do not indicate evidence of a condition or conditions for which reduced weight bearing is indicated. It is not clearly stated why the employee cannot or should not ambulate and/or participate in conventional land-based therapy. The request for aquatic therapy 2 times a week for 4 weeks **is not medically necessary and appropriate.**

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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

/hs

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.