

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/22/2013

2/7/2012

7/24/2013

CM13-0002856

- 1) MAXIMUS Federal Services, Inc. has determined the request for aquatic therapy QTY: 16.00 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 QTY: 16.00 **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 Physical Medicine and Rehabilitation, and Pain Management 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 22, 2013:

“The patient is a 41 year-old male. The date of injury was February 7, 2012. The mechanism of injury occurred when he slipped and fell. The accepted injury is to the lower back area. The current diagnosis is: Low back pain. Treatment included: Physical Therapy; medications.”

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 7/24/2013)
- Utilization Review from [REDACTED] (dated 7/22/2013)
- Medical Records provided by the [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for Aquatic Therapy QTY:16:

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 (2009) pg. 98-99 which is the part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used

by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on February 7, 2012 to the lower back. The medical records provided for review indicate the diagnosis of low back pain. Treatments have included physical therapy and medication management. The request is for aquatic therapy Qty:16.

The MTUS Chronic Pain guidelines recommend aquatic therapy as an optional form of exercise therapy and as an alternative to land-based physical therapy where minimizing the effects of gravity are necessary. For low back pain, CA MTUS recommends a total of 10 visits of physical therapy and afterwards the employee should be transitioned to a home exercise program. The medical records provided for review document that the employee has already had a full course of land-based and some aquatic physical therapy and that there has been poor compliance based on missing 6 of the last 13 physical therapy appointments. While the medical records describe the employee as "morbidly obese", the records also indicate pain relief with the land-based therapy that has been completed. There is no documentation which would meet guideline criteria for aquatic therapy beyond guideline recommendations. The request for aquatic therapy Qty:16 **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.