

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	12/2/2010
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003465

- 1) MAXIMUS Federal Services, Inc. has determined the request for aquatherapy two times a week for six weeks for the right knee **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 aquatherapy two times a week for six weeks for the right knee **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 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 8, 2013.

“

Ms. [REDACTED] is a 30-year-old woman with a two-year history of chronic right wrist and knee pain. The patient is under the care of Dr. [REDACTED] of [REDACTED] CA, for a chronic knee contusion, lateral collateral ligament laxity, and chronic pain. According to the claims examiner the accepted body parts for the present claim are the right wrist and knee.

Patient was declared Permanent and Stationary (P&S) for her injuries on 03-19-12.

Available for review is a PR-2 report from Dr. [REDACTED] dated 06-27-13. Said report documents that the patient reported pain level had remained unchanged since last visit. She did not report any change in location of pain. Patient denied any other symptoms other than pain. She was not trying any other therapies for pain relief.

The examination was notable for knee joint revealed no deformity, swelling, quadriceps atrophy, asymmetry of malalignment. No limitation was noted in flexion, extension, internal rotation or external rotation. Tenderness to palpation was noted over the bilateral joint line and tenderness over posterior right leg and calf. Right knee was stable to valgus stress in extension and at 30 degrees. Right knee was stable to varus stress in extension and at 30 degrees. Negative anterior drawer, 1A Lachman test mid negative pivot shift test. Negative posterior drawer test and reverse pivot shift test. No joint effusion noted.

Dr. [REDACTED] noted in his report that the patient had three prior right knee MRI's which were negative for any meniscal or ligamentous injury as well as negative for DJD. She had failed treatment with physical therapy, and one steroid injection. She had surgical consultations and surgery was not recommended.

Dr. [REDACTED] requested aquatherapy for right knee pain two (2) times a week for six (6) weeks.

”

### **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 on 07/25/2013
- Utilization Review Determination from [REDACTED] (dated 07/08/2013)
- Employee medical records from [REDACTED] (dated 08/13/2013)
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for aquatherapy two times a week for six weeks for the right knee:**

##### Section of the Medical Treatment Utilization Schedule 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), Aquatic therapy, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Aquatic therapy, pgs 22, 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS).

##### Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy and is recommended where reduced weight-bearing is desirable. Aquatic therapy is based on the treatment schedule of physical medicine, and the guidelines indicate that treatment for myalgia and myositis may be recommended at a maximum of 9 to 10 visits over 8 weeks. The medical records provided for review indicate that the employee has a long ongoing history of right knee pain, and is noted to have full range of motion of the knee, normal motor strength, and function. The medical records do not show evidence of positive orthopedic test findings indicating significant pathology of the knee other than pain, and the prior number of sessions attended to date is not indicated.

**The request for aquatherapy two times a week for six weeks for the right knee 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,

Paul Manchester, MD, MPH  
Medical Director

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

/sh

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.

Anthens Administrators B  
PO Box 696  
Concord, CA 94522