

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	9/20/2011
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003586

- 1) MAXIMUS Federal Services, Inc. has determined the request for **six (6) aquatic therapy sessions** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 **six (6) aquatic therapy sessions 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 Preventive 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.

Expert Reviewer Case Summary:

The applicant, Mr. [REDACTED], is a represented former cabinet maker who has filed a claim for bilateral knee pain, mid back pain, low back pain, and plantar fasciitis reportedly associated with an industrial injury of September 28, 2011.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; 10 sessions of prior aquatic therapy, prior utilization review report of July 11, 2013; and extensive periods of time off of work, on total temporary disability.

Specifically reviewed is a prior utilization report of July 11, 2013, with two additional aquatic therapy treatments certified.

Also reviewed is July 5, 2013 progress note in which the applicant is described as having completed 12 sessions of aquatic therapy. He is on Norco and Voltaren for pain relief. He states that he is able to stand for lengthier amount of time. He exhibits limited lumbar range of motion and 120 degrees knee of range of motion despite tenderness to touch. Recommendation is made for the applicant to pursue additional aquatic therapy while employing Naprosyn and Vicodin for pain relief. The applicant remains off of work, on total temporary disability.

In a letter of August 15, 2013, the attending provider states that he believes six additional aquatic therapy treatments would be reasonable here.

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 of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for six (6) aquatic therapy sessions :**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 ACOEM Guidelines, Chapter 13, page 340 and the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, which are part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines, Physical Medicine, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy, and as an alternative form of therapy in those individuals in whom reduced weight-bearing is desirable. The medical records provided for review does not indicate that reduced weight-bearing is desirable, or that the employee should refrain from walking and/or participating in land-based exercise at this point in time. **The request for six (6) aquatic therapy sessions 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, 18th Floor
Oakland, CA 94612

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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.