

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	7/19/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005501

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **YMCA membership (times six (6) months) for use of aquatic facility is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 a **YMCA membership (times six (6) months) for use of aquatic facility 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 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:

Patient presented with a diagnosis of lumbar spine sprain/strain and cervical spine sprain/strain from lifting a 5 gallon water bottle. The date of injury is 7/19/11. The patient has decreased range motion in a little back but normal range motion in the cervical spine. The patient continues to take pain medications including OxyContin Neurontin Naprosyn tizanidine. The patient is increasing his activity levels. The patient has had left shoulder arthroscopic surgery, and has future medical care for epidural steroid injections. There is no prescription for exercises, monitoring or supervision of progress.

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 RWI
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a YMCA membership (times six (6) months) for use of aquatic facility :

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 and MTUS Chronic Pain Guidelines, which are part of the MTUS, and the ODG, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, which is part of the MTUS, the Chronic Pain Medical Treatment Guidelines, aquatic therapy, page 22, which is part of the MTUS, and the Official Disability Guidelines (ODG), back and knee, which is not part of the MTUS..

Rationale for the Decision:

The MTUS 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. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. ODG for knee and back was cited and these guidelines do not recommend gym memberships based on the fact that there is no medical supervision and there is no specified exercise routine. The records submitted for review indicate that the provider did not give a plan of treatment including progress monitoring for the employee. Without this information and according to standard guidelines, this treatment is not medically necessary. **The request for a YMCA membership (times six (6) months) for use of aquatic facility 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

/bh

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.

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