

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

7/26/2013

Date of Injury:

7/18/2009

IMR Application Received:

8/1/2013

MAXIMUS Case Number:

CM13-0005757

- 1) MAXIMUS Federal Services, Inc. has determined the request for **aquatic therapy is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **functional rehabilitation program is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **functional rehabilitation program 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:

The patient is a 52 year old female with a date of injury of 7/18/09 with type 2 Diabetes Mellitus, who has neck pain with radiation of pain and numbness/tingling in her hands. The patient has a cervical spine fusion on 11/16/2010. She had a right carpal tunnel syndrome release on 1/26/12, right arthroscopic decompression in 2012. She is also diagnosed with sciatica. She is under pain management and has had a psychological consultation. There is a request for neurosurgical consultation. She is taking several medications including gabapentin, vicodin, Zoloft muscle relaxers and ambien. She reportedly cannot undertake activities that bring her fulfillment but there is no evidence for significant functional limitation. She reports she feels better after pool exercises with physical therapist.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for aquatic therapy:

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 Treatment Guidelines, Section on Aquatic therapy, pg 22, which is part of the MTUS.

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

Rationale for the Decision:

The CA MTUS chronic pain page 22 recommends aquatic therapy as an optional form of therapy. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased 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. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)

The medical records submitted for review indicate a diagnosis of sciatica and a history of cervical fusion. The employee reports pain in the legs after walking. The employee has been doing well with directed aquatic therapy with a physical therapist. As the employee has been benefiting from aquatic therapy, the employee should have another session as requested, with emphasis on counseling and education to a home based program. The guidelines also recommend progressive increase in intensity to preserve gains in aquatic therapy. **The request for aquatic therapy is medically necessary and appropriate.**

2) Regarding the request for functional rehabilitation program:

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 MTUS, Chronic Pain Medical Treatment Guidelines, Section on Functional Restoration Programs (FRP), pg 49, which is part of the MTUS.

The Expert Reviewer based his decision on the Chronic Pain Medical Treatment Guidelines, Section on chronic pain programs, pg 30, which is part of MTUS.

Rationale for the Decision:

The MTUS chronic pain guidelines recommends functional restoration programs and is very specific regarding who it may benefit:

(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. A review of the submitted medical records indicates the employee is diagnosed with sciatica and has a history of cervical fusion. The employee reports pain in the legs after walking and is pending a neurosurgical consult for the progressing sciatica. The employee has not reported to have exhausted treatment options for the low back issues and is not reported to be significantly functionally limited. There is pending reports of neurosurgical consult for ruling out surgery and there is no documentation the employee is very functionally limited. **The request for Functional Rehabilitation Program 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.