

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

December 18, 2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/1/2013  
Date of Injury: 8/8/2011  
IMR Application Received: 8/6/2013  
MAXIMUS Case Number: CM13-0007870

Dear Mr./Ms. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Medicine, and is licensed to practice in Ohio and Texas. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

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
- Medical Records from employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)
- No medical records were submitted by the Claims Administrator.

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40-year-old female who reported injury on 08/08/2011 with the mechanism of injury being the patient slipped and fell on a wet floor. The patient was noted to have leg pain that prevented her from sleeping, and the pain was noted to be 8/10. The patient's lateral epicondyle was tender to palpation and resistant wrist dorsiflexion produced pain and the patient was noted to have paravertebral muscle tenderness and spasms. The patient's diagnosis was stated to be lumbar radiculopathy and left lateral epicondylitis. The plan was for aqua therapy 3 times a week for 4 weeks for the low back and legs and hand therapy 3 times a week for 4 weeks to the left elbow.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. Aqua therapy 3 times per week for 4 weeks for the lower back and legs is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, pg. 22, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 22 Aquatic Therapy, page 98, Physical Medicine, which are part of the MTUS.

The Physician Reviewer's decision rationale:

CAMTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based therapy as it is specifically recommended where reduced weight-bearing is desirable. Additionally, it states, for radiculitis, the recommended

visits are 8 to 10 over 4 weeks. The clinical documentation submitted for review indicated that the employee had left elbow pain that had decreased significantly due to an injection that was received. Notes indicate that the employee was not undergoing any therapy as of 07/18/2013. The employee was noted to have a TENS unit and was using it religiously. The employee's low back pain was noted to be 9/10. The employee stated having low back pain most of the time, and leg pain preventing from sleeping at night. The pain was noted to be 8/10. The physical examination revealed the employee had tender paravertebral muscles and had spasms. The request was made for aqua therapy 3 times a week for 4 weeks for the low back and legs. The clinical documentation submitted for review failed to provide the necessity for reduced weight-bearing and failed to provide that the employee could not participate in land-based therapy or transition to a home exercise program as the injury was in 2011 and the employee should be well-versed in a home exercise program. **The request for Aqua therapy 3 times per week for 4 weeks for the lower back and legs is not medically necessary and appropriate.**

**2. Hand therapy 3 times per week for 4 weeks to the left elbow is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Official Disability Guidelines recommend therapy for the elbow for up to 3 visits contingent upon objective improvement documented. Additionally, it states that physical medicine treatment should be an option when there is evidence of musculoskeletal or neurologic condition associated with functional limitations. The treatment for lateral epicondylitis is 8 visits over 5 weeks. The clinical documentation submitted for review failed to provide the employee had functional limitations to support the necessity for the therapy. As it was documented that the employee's lateral epicondyle that was tender to palpation and resistant wrist dorsiflexion that produced pain. **The request for hand therapy 3 times per week for 4 weeks to the left elbow is not medically necessary and appropriate.**

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.

[REDACTED]

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