
Independent Medical Review Final Determination Letter

2350

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

IMR Case Number:	CM13-0021585	Date of Injury:	04/14/2011
Claims Number:	[REDACTED]	UR Denial Date:	09/04/2013
Priority:	STANDARD	Application Received:	09/09/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
Aquatic Therapy (lumbar)			

DEAR [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: OVERTURN. This means we decided that all 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 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

CLINICAL SUMMARY: All medical, insurance, and administrative records provided were reviewed.

The applicant is a [REDACTED] employee who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of April 14, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; apparent diagnosis of Lisfranc fracture of the foot and ankle; right second and third toe fusion surgery on March 28, 2013 with transection of the deep peroneal nerve and right iliac crest bone graft harvesting; attorney representation; excision of subsequent postoperative neuroma of the foot; a cam walker; scooter; and extensive periods of time off of work, on total temporary disability; prior knee arthroscopy; multiple knee Synvisc injections; transfer of care to and from various providers in various specialties; and foot orthotics.

In a utilization review report of July 3, 2013, the claims administrator denied a request for aquatic therapy. It was noted that the applicant had only three to four sessions of therapy up until that point.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. Aquatic therapy (lumbar) is medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines , Aquatic Therapy, which is part of the MTUS, and the Official Disability Guidelines, Low Back Section, Aquatic Therapy, which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is endorsed as an optional form of exercise therapy in those individuals in whom reduced weightbearing is desirable. In this case, the applicant has sustained numerous injuries to the lumbar spine and lower extremities, including the foot, toes, and knee. She is status post knee surgery. She has knee arthritis. She is also status post foot fusion surgery. Per the utilization review report of September 3, 2013, the applicant had only begun walking and was only recently transitioned to normal shoe. Thus, by all accounts, the applicant was an individual in whom reduced weightbearing was desirable. The applicant would have had difficulty participating in land-based therapy and/or land-based exercises, given her multiplicity of injuries involving the lumbar spine, feet, lower extremities, toes, knee, and etc. Therefore, the original utilization review decision is overturned. **The request for aquatic therapy (lumbar) is 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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