

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

2986

[Redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0023222	Date of Injury:	11/17/2010
Claims Number:	[Redacted]	UR Denial Date:	09/05/2013
Priority:	STANDARD	Application Received:	09/11/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
AQUATIC THERAPY 2X4 TO L KNEE , CHIROPRACTIC TREATMENT 1X4 TO L KNEE			

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: 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 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:

The patient is a 46-year-old female who reported an injury on 10/22/1997 due to cumulative trauma. The patient underwent surgical intervention to treat the right shoulder and left knee. The patient subsequently underwent an electrodiagnostic study that was considered to be normal. The patient was diagnosed with fibromyalgia. Conservative treatments included acupuncture, physical therapy, bracing, and medications. The patient's diagnoses included chronic bilateral knee pain, anxiety, depression, and insomnia. Other medical conditions included obesity, migraines, and fibromyalgia. Physical findings included left knee tenderness with a small amount of effusion, normal range of motion with no arthritic deformities. The patient's treatment plan included aquatic therapy and chiropractic care of the left knee.

IMR DECISION(S) AND RATIONALE(S)

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

1. Aquatic therapy 2 times 4 to the left knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 22, Aquatic Therapy, pages 58-59, Chiropractics, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, page22, which is part of the MTUS.

The Physician Reviewer's decision rationale

The requested aquatic therapy 2 times a week for 4 weeks to the left knee is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously participated in aquatic therapy. The California Medical Treatment and Utilization Schedule does recommend aquatic therapy to minimize the effects of gravity for patients who require reduced weight bearing. However, as it is indicated within the documentation that the patient has already participated in aquatic therapy the efficacy of the previously therapy was not established in the documentation. There were no documented significant functional gains as a result of the prior therapy. Therefore, continuation would not be supported. As such, the request for aquatic therapy 2 times a week for 4 weeks for the left knee is not medically necessary or appropriate.

2. Chiropractic treatment 1 times 4 to the left knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 22, Aquatic Therapy, pages 58-59, Chiropractics, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy, page 58, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested chiropractic treatment for the left knee is not medically necessary or appropriate. The patient does have continued complaints of pain. However, the California Medical Treatment and Utilization Schedule does not recommend manual therapy for the knee. As there are no exceptional factors within the documentation to extend treatment beyond Guideline recommendations, manual therapy of the knee would not be supported. As such, the requested chiropractic treatment 1 time a week for 4 weeks to the left knee is not medically necessary or 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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