

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 6/18/2013  
Date of Injury: 2/9/2013  
IMR Application Received: 8/13/2013  
MAXIMUS Case Number: CM13-0010434

- 1) MAXIMUS Federal Services, Inc. has determined the request for **aquatic physical therapy 2 times 6 (total of 12 visits) to the low back and hip is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 11/13/2013 disputing the Utilization Review Denial dated 6/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 physical therapy 2 times 6 (total of 12 visits) to the low back and hip 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:**

All medical, insurance, and administrative records provided were reviewed in their entirety.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of February 9, 2013.

Thus far, applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers and various specialties; an MRI of the lumbar spine of February 23, 2013, notable for an annular tear at L5-S1; a right hip MRI of May 8, 2013, notable for acetabular impingement syndrome; adjuvant medications; and unspecified amounts of physical therapy.

The applicant's care has apparently been hampered by obesity.

In a utilization review report of June 18, 2013, the claims administrator partially certified a six-session course of aquatic therapy and denied the remaining six sessions of aquatic therapy. The applicant's attorney later appealed.

An earlier note of June 17, 2013, is notable, in that the applicant reports persistent pain. It is implied that the applicant is off work. The applicant reportedly has to lie down frequently owing to reportedly severe low back pain. The applicant exhibits an antalgic gait and is only able to partially weight bear on the right foot. Recommendations are made for the applicant to discontinue Cymbalta, and employ Norco, Celebrex, and Neurontin for pain relief. Aquatic therapy is sought.

### **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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for aquatic physical therapy 2 times 6 (total of 12 visits) to the low back and hip**

#### 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 the MTUS, Physical medicine, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, which is part of the MTUS and the Chronic Pain Medical Treatment Guidelines, Functional Restoration Approach to Chronic Pain Management, page 8, which is part of the MTUS.

#### Rationale for the Decision:

The MTUS Chronic Pain Guidelines, page 22, endorses aquatic therapy in those individuals in whom reduced weightbearing is desirable. The MTUS Chronic Pain Guidelines also note, on page 8, that demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. The medical records reviewed in this case indicate the employee was issued a six-session partial certification for aquatic therapy. Reevaluation of the employee following completion of the initial six sessions proposed by the attending provider did seemingly represent an appropriate partial certification so as to monitor the employee's response to the initial six-session trial of aquatic therapy. The records submitted for review indicate that the employee, owing to reduced weight bearing ability noted on the June 17, 2013 office visit, was indeed a candidate for aquatic therapy, the six-session partial certification initially issued by the claims administrator is in accordance with the MTUS Chronic Pain Medical Treatment Guidelines. The request for 12 sessions is not in accordance with guideline recommendations. **The request for aquatic physical therapy 2 times 6 (total of 12) to the low back and hip 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, 18<sup>th</sup> 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.