

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 7/1/1998
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0013367

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 & Rehabilitation, and is licensed to practice in Oklahoma 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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

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 57-year-old female who reported injury on 07/01/1998 with an unstated mechanism of injury. The patient indicated that she had been authorized for additional pool therapy and continued with pool therapy. The patient's pain was noted to be tolerable with medications. The patient's diagnoses were stated to include lumbar degenerative disc disease, post laminectomy syndrome of the cervical region, degeneration of cervical intervertebral disc, displacement cervical intervertebral disc without myelopathy, unspecified osteoporosis, end joint shoulder region, and interstitial myositis. The treatment was noted to include continued pool therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Pool therapy is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Antispasticity drugs, pg. 64, NSAID, GI symptom & cardiovascular risk, pgs. 68-69, Aquatic therapy, pg. 22, Physical Medicine Guidelines, pg. 99, which is part of the MTUS; and the Official Disability Guidelines (ODG), Physical/Occupational therapy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, pg. 22 and Physical Medicine, pg 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy and physical medicine guidelines recommend treatment of myalgia and myositis for 9 to

10 visits over 8 weeks. Office note dated 07/26/2013 revealed the employee had pool therapy and was noted to have the same pain intensity and no change in distribution. The employee's pain was noted to be 9/10 without medications and 5/10 with medications. The physical examination revealed the employee had tenderness to palpation in the paraspinals and the employee had tenderness to palpation in the lumbosacral region. The employee's range of motion was noted to be decreased in forward flexion, hyperextension, and bilateral lateral bending. The employee was noted to have sciatic notch tenderness that was present bilaterally. Motor examination was noted to be normal for gait and posture. There was noted to be no paraspinal muscle spasm. The employee was noted to have decreased strength in the left upper and right upper extremity. The sensory examination was noted to be decreased in the left C5, C6, and C7 distribution and decreased in the right C6, C7, and C5 distribution. The employee was noted to have decreased upper extremity in the right side for the right upper and right lower extremity. The clinical documentation submitted for review failed to provide the number of visits requested and it failed to provide the functional benefit for the employee's therapy as well as the duration that was being requested. **The request for pool therapy is not medically necessary or appropriate.**

/jd

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.

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[REDACTED]
[REDACTED]

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