

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	9/5/2012
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001610

- 1) MAXIMUS Federal Services, Inc. has determined the request for aquatic therapy x4 visits for the neck **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 therapy x4 visits for the neck **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 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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

"This claimant is a 42 year old male, diagnosed as having cervical disc displacement, with an original injury date of 09/05/2012. The mechanism of injury was not documented in the records available for review. The provider submitted a request for 4 sessions of aquatic therapy as treatment for the neck, per a "Request for Authorization" form dated 06/12/2013. Prior to this request for 4 sessions of aquatic therapy as treatment for the neck, the claimant completed at least 12 sessions of land-based physical therapy as treatment for the neck. The provider's clinical note did not indicate the medical reasoning for this request for 4 sessions of aquatic therapy as treatment for the neck. A clinical exam of the claimant noted paracervical tenderness (right greater than left) and guarding and muscle spasm with no red flags related to the cervical spine."

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 for Independent Medical Review received 07/15/2013
- Utilization Review Determination from Claims Administrator [REDACTED] (dated 07/02/2013)
- Employee medical records from [REDACTED] (dated 07/31/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for aquatic therapy x4 visits for the neck:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

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

Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained work-related injuries on 9/05/12. The medical records provided for review indicate paracervical tenderness. The records indicate a diagnosis of cervical disc protrusion. Per the submitted medical records, prior treatment has included medications, chiropractic care and physical therapy. A request has been submitted for aquatic therapy x 4 visits for the neck.

The MTUS Chronic Pain guidelines note that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Per the submitted medical records, the employee has utilized 12 plus sessions of physical therapy for cervical spine pain complaints. Additionally, the medical records provided for review lack any significant objective findings of symptomatology. The guidelines do not support the requested therapy in this setting. The requested aquatic therapy x 4 visits for the neck **are 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

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.