
Notice of Independent Medical Review Determination

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 7/19/2013
IMR Application Received: 9/17/2013
MAXIMUS Case Number: CM13-0001876

- 1) MAXIMUS Federal Services, Inc. has determined the request for 24 visits of aquatic therapy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 24 visits of aquatic therapy **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 15, 2013

"The patient has a reported date of injury of 07/19/011. Mechanism of injury is reported as being sustained from pulling an obese patient. A progress note of the most recent visit is dated 07/05/13. It is reported that a CT of lumbar spine shows degenerative disc disease (DDD) at L4-5 and LS-S 1. Patient is noted to be a surgical candidate but needs to lose weight. There is a noted history of a right total hip arthroplasty (THA). Medications include Topamax and Norco. Patient has a history of low back pain and epidural injection with reported relief. On examination, there is decreased range of motion (ROM) and paraspinal spasm. Case manager note pad details include the patient has had 32 post-operative visits since THA. Patient is noted to be 5 foot 7 inches with a weight of 405 pounds resulting in a BMI of 63.66."

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 dated 7/17/2013
- Utilization Review Determination by [REDACTED] dated 7/15/2013
- Medical records from 4/05/2013 through 7/03/2013
- Medical Treatment Utilization Schedule

1) Regarding the request for 24 visits of aquatic therapy:

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, 2009, Aquatic Therapy section, page 22, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the sections of the MTUS Chronic Pain guidelines, Aquatic Therapy and Physical Medicine, pages 22, 98 and 99, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back and right hip on 7/19/2011. The available medical records indicate that the employee has had CT of the lumbar spine, right total hip arthroscopy (THA), and pain medication. The most recent record, dated 7/03/2013, indicated that the employee continued to have constant low back pain described as sharp, stabbing, dull/aching, numbness, weakness, and spasm, with pain rated at 7-8/10. The records indicate that the employee is considered a surgical candidate, however due to obesity, bariatric consultation was requested and approved and surgical consideration is pending. A request was submitted for 24 visits of aquatic therapy.

The MTUS Chronic Pain guidelines do recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy, especially for obesity. The guidelines recommend 8-10 physical therapy visits for neuritis and radiculitis. The request for 24 aquatic therapy visits exceeds guideline recommendations. The request for 24 visits of aquatic therapy 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;

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

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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.