
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

11/1/2010

7/24/2013

CM13-0003178

- 1) MAXIMUS Federal Services, Inc. has determined the request for 6 Aquatic Therapy visits for the left knee; 2 times a week for 3 weeks **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 6 Aquatic Therapy visits for the left knee; 2 times a week for 3 weeks **is 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 11, 2013:

“This is a 59 year old female who was injured on November 1, 2010. The June 20, 2013 progress note indicates ongoing low back pain and bilateral lower extremity pain. The pain level was described as 7/10. It was noted that the claimant reported not having any medication for the last two months. It is noted that previous low back issues date back to 2003. Enhanced imaging studies noted an abnormal meniscus, moderate degenerative osteoarthritis, and synovial hyperplasia. The physical examination noted this 5'3", 259 pound individual to be well groomed, well-nourished, and in mild pain. Lumbar spine range of motion was reduced, facet loading was positive bilaterally, and straight leg raising was negative. Both of these have a good range of motion associated with crepitus. There were no specific neurologic functional losses noted. The assessment was knee pain, lumbar radiculopathy and lumbar facet syndrome.”

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 7/24/13)
- Utilization Review from [REDACTED] (dated 7/11/2013)
- Medical Treatment Utilization Schedule (MTUS)

Note: No medical records were provided timely from the Claims Administrator, the provider or the employee/employee representative.

1) Regarding the request for 6 Aquatic Therapy Sessions for the left knee, 2 times a week for 3 weeks:

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) pg. 22 of 127, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and in addition based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 22, 46-47, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 11/1/2010. No medical records were provided for review, but the utilization review (UR) determination from Broadspire Utilization Management indicate diagnoses of lumbar radiculopathy, lumbar facet syndrome, abnormal meniscus, synovial hyperplasia, and degenerative osteoarthritis without supporting medical information to substantiate stated diagnoses. The request is for six (6) aquatic therapy sessions for the left knee, 2 times a week for 3 weeks.

MTUS Chronic Pain guidelines recommend exercise, and recommends aquatic therapy. MTUS guidelines state "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." According to the UR letter, the patient has lower back and bilateral lower extremity pain; height was 5'3"; weight was 259 lbs.; BMI calculates to 45.9. The UR determination indicates there is imaging evidence of knee osteoarthritis, and clinically, lumbar facet loading was positive and low back and knee motion is full, but with crepitus. The UR summary did not include anything to suggest there was lumbar radiculopathy, though the UR did indicate the possibility of previous aquatic therapy. Based on the information in the UR determination, guideline criteria for aquatic therapy have been met. The request for six (6) aquatic therapy sessions for the left knee, 2 times a week for 3 weeks, **is 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.