

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	2/13/2013
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007512

- 1) **MAXIMUS Federal Services, Inc. has determined the request for one(1) year membership for aquatic therapy is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 **one(1) year membership for 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 Preventive Medicine and 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:

The applicant, Ms. [REDACTED] is a represented [REDACTED] employee who has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of February 13, 1996.

Thus far, she has been treated with the following: Analgesic medications; topical compound; transfer of care to and from various providers in various specialties; extensive periods of time off of work, on total temporary disability; prior total knee arthroplasty in late 2012; 24 sessions of postoperative therapy; and a cane.

In a utilization review report of July 16, 2013, the claims administrator denied request for a 1-year aquatic therapy gym membership.

The applicant's attorney appealed on September 5, 2013.

A recent progress report of August 7, 2013, is notable for comments that the applicant is ambulatory using a cane for support 8 months removed from total knee arthroplasty. 120 degrees of knee range of motion is appreciated. The applicant's muscle strength is improving.

## 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 one(1) year membership for aquatic therapy:

#### 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 American College of Occupational and Environmental Medicine (ACOEM), and the Official Disability Guidelines (ODG).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, pg. 22, Exercise 46-47 which is part of the MTUS.

#### Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate aquatic therapy can be considered an optional form of exercise therapy in those individuals in whom reduced weightbearing is desirable. While this might have been the case earlier in the course of the claim, such as immediately after the total knee arthroplasty, it is no longer necessary. The employee is ambulatory with the aid of a cane. At this point, the employee should make every attempt to maintain levels of activity, including walking and weightbearing. The employee's condition is no longer one for which reduced weightbearing is desirable. It is further noted that guidelines do not recommend any one particular form of exercise over another and that remaining and staying active, maintaining appropriate exercise regimens, etc., matters of individual responsibility as opposed to medical necessity. The guideline criteria have not been met. **The request for one(1) year membership for 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,

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.