

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:	7/11/2013
Date of Injury:	12/4/2007
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008268

- 1) MAXIMUS Federal Services, Inc. has determined the request for **aqua therapy 2 times a week for 6 weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **aqua therapy 2 times a week for 6 weeks 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 4, 2007.

Thus far, he has been treated with the following: Analgesic medications; prior L3-L5 laminectomy and L3-L4 discectomy; a postoperative MRI of lumbar spine of July 18, 2012, notable for postoperative changes; transfer of care to and from various providers in various specialties; and extensive periods of time off from work. It appears that, per a prior note of May 21, 2013, that water therapy is endorsed and that the applicant is asked to remain off of work, on total temporary disability, for an additional five weeks.

In a letter dated June 21, 2013, the attending provider writes that he believes that denial of aquatic therapy is delaying the applicant's care. The applicant remains off of work, on total temporary disability, as of that day. The applicant is off of work and the provider continues to put forth the request for aquatic therapy. It is noted that the applicant exhibited normal motor strength in all major muscle groups of the lower extremities on May 3, 2013, and is continuing to exhibit a normal lower extremity motor exam on May 21, 2013, as well as on June 19, 2013.

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 aqua therapy 2 times a week for 6 weeks:

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 Chronic Pain Medical Treatment Guidelines, pg. 22, a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical treatment Guidelines (2009), Aquatic Therapy, pg. 22, which is part of the MTUS.

Rationale for the Decision:

As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternate to land-based therapy in those individuals in whom reduced weight bearing is desirable. After a review of the medical records provided for review, in this case, however, the employee does not appear to have a condition for which reduced weight bearing is desirable. There has been consistently described on multiple occasions throughout mid and late 2013 as exhibiting normal lower extremity motor exam, no evidence of motor deficits about either lower extremity which might make a case for aquatic therapy here. There is likewise no evidence of gait disturbance noted which might also make a case for aquatic therapy. **The request for aqua therapy 2 times a week for 6 weeks 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, 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.