

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/4/2013
Date of Injury:	2/10/2011
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0008537

- 1) MAXIMUS Federal Services, Inc. has determined the request for **water therapy Qty: 6 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **water therapy QTY 6:00** 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 Preventative 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 is a [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 10, 2011. Thus far, she has been treated with the following: Analgesic medications, including Norco and tramadol; several Supartz injections; 16 to 18 sessions of aquatic therapy; a total knee arthroplasty on October 22, 2012; transfer of care to and from various providers in various specialties; and work restrictions. In a utilization review report of August 4, 2013, the claims administrator denied a request for six additional sessions of aquatic therapy and certified an orthopedic surgery followup consultation. It is noted that the claims administrator selected the non-MTUS ODG guidelines in its rationale. In a progress note of August 19, 2013, the applicant is described as having retired from State Lottery. She reports bilateral knee pain, 4-5/10. She has a BMI of 35. Her knee range of motion is limited bilaterally with normal muscle tone. She is given a rather proscriptive 5-pound lifting limitation. It is noted that the applicant exhibits an antalgic gait. In an earlier note of July 26, 2013, the primary treating provider again noted complaints of bilateral knee pain. The applicant was described as having attended 16 of 18 previously authorized sessions of physical therapy. Additional aquatic therapy was sought. A 5-pound lifting limitation was again endorsed.

### **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 water therapy QTY 6:00:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ODG Physical Medicine Guidelines, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 22 of 127, Aquatic Therapy, which is a part of the MTUS.

Rationale for the Decision:

While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse aquatic therapy as an optional form of exercise therapy in those applicants in whom reduced weightbearing is desirable, a review of the records in this case, the employee has already had 16 to 18 prior sessions of aquatic therapy. There is no evidence of functional improvement as defined in MTUS 9792.20f following completion of the same. The employee's work status and work restrictions are unchanged from visit to visit. Physical impairment in terms of gait derangement and loss of motion seemingly persist from visit to visit. A rather proscriptive 5-pound lifting limitation remains in place. The employee has been asked to reconsult an orthopedic knee surgeon. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f. The request for water therapy QTY 6:00 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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