

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	10/6/2004
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0009224

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **aquatic therapy 2 times per week times 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 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.

Expert Reviewer Case Summary:

This patient was born 08/07/1961. The underlying date of injury was 10/06/2004 with the reference diagnosis of lumbosacral neuritis. The patient has reported ongoing chronic pain radiating down her left lower extremity and increased with activity, with physical examination findings including lumbar range of motion of forward flexion 80 degrees, extension 20 degrees, and lateral bending 25 degrees with decreased sensation to light touch in the lateral left leg and a positive sacroiliac joint compression test. An initial review concluded that the medical records did not document a rationale for land-based as opposed to aquatic therapy and noted the patient could tolerate walking for 15-20 minutes and that the patient was participating in a home exercise program.

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 aquatic therapy 2 times per week times 6 weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 22, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines section on aquatic therapy state, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." The rationale for aquatic therapy is not clear per the medical records provided for review. Overall the treatment guidelines support aquatic therapy as an optional form of treatment in specific clinical circumstances, but the medical records at this time do not clearly indicate the particular clinical circumstances supporting this request. **The request for aquatic therapy 2 times per week times 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.