

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 18 physical therapy sessions (3 times a week for 6 weeks) **are not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/6/2013 disputing the Utilization Review Denial dated 4/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/4/2013. 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 requested 18 physical therapy sessions (3 times a week for 6 weeks) **are 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, has a Subspecialty Certificate in Pain 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 25, 2013.

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**According to the records made available for review, this is a 56-year-old male patient, s/p injury 2/25/13. The patient most recently (4/12/13) presented with complaints of HA that start at the base of his neck and shoot up to his forehead. He has associated dizziness and nausea. Current diagnoses include cerumen impaction, cervical muscle strain. Treatment to date includes 8 of 12 PT visits. Treatment requested is PT 3x6.**

### 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
- Utilization Review Documentation by [REDACTED] (dated 4/19/13 and 4/25/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Pain, Suffering, and the Restoration of Function Chapter (pages 109-115)
- Official Disability Guidelines (ODG) – Preface: Physical Therapy Guidelines and Neck & Upper Back Chapter: Physical Therapy Section

**1) Regarding the request for 18 physical therapy sessions (3 times a week for 6 weeks):**

Medical Treatment Guideline(s) 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) Guidelines, 2<sup>nd</sup> Edition, (2004) – Pain, Suffering, and the Restoration of Function Chapter (pages 109-115), which is not part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Preface: Physical Therapy Guidelines and Neck & Upper Back Chapter: Physical Therapy Section, which are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found ACOEM – Chapter 8: Neck and Upper Back Complaints (tables 8-5 and 8-8) relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

Neither the Claims Administrator, provider, nor the employee submitted medical records for review. The Expert Reviewer based his/her decision on the utilization review determination letter. ACOEM table 8-5 indicates 1 to 2 physical therapy sessions are recommended for education, counseling, and evaluation of home exercise. ACOEM table 8-8 states physical manipulation for neck pain is recommended only in early care. The employee has already had 8 physical therapy sessions in the early stages of care. The additional requested 18 physical therapy sessions (3 times a week for 6 weeks) exceed the amount recommended in ACOEM and are 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
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.