

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination**

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/2/2013
Date of Injury:	1/30/2013
IMR Application Received:	5/24/2013
MAXIMUS Case Number:	CM13-0000477

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 3 times per week for 4 weeks, for the cervical, thoracic, and lumbar **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/24/2013 disputing the Utilization Review Denial dated 5/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 physical therapy 3 times per week for 4 weeks, for the cervical, thoracic, and lumbar is **not medically necessary and appropriate.**

### **Medical Qualifications of the Professional 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 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 professional 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 May 2, 2013.

“A 52 year old male was injured while lifting a container, weighting about 2501bs, he fell backward sustaining injuries to his neck and back as well as his left thumb while holding on to a dolly. Cervical spine Flexion 40 degrees, extension 30 degrees, Lumbar spine flexion 70 degrees and extension 15 degrees. Unable to move left thumb due to pain. X ray results was pending. Completed B Physical therapy visits and Requesting 12 additional Physical therapy visits.”

Date of injury: 01/30/2013

Diagnoses: 847.0 SPRAIN OF NECK

### **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 dated 5/24/2013
- Utilization Review Determination provided by [REDACTED] dated 5/24/2013
- Medical Records from 3/04/2013 through 5/20/2013
- Chronic Pain Medical Treatment Guidelines, 2009, Physical Modalities, pages 98-99

- Official Disability Guidelines, Current Version, Low Back Chapter, Physical Therapy
- Official Disability Guidelines, Current Version, Neck Chapter, Physical Therapy

**1) Regarding the request for physical therapy 3 times per week for 4 weeks, for the cervical, thoracic, and lumbar:**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 2009, Physical Medicine, pages 98-99, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee suffered an injury to the neck, mid and low back, and left thumb on 1/30/2013. X-Rays were taken and the employee has received at least 13 physical therapy visits through May 2013. The submitted medical records indicated that on 5/15/2013 the employee showed improvement in the pain level assessment from the physical therapy notes. The request was made for physical therapy 3 times per week for 4 weeks, for the cervical, thoracic, and lumbar.

The Chronic Pain Medical Treatment Guidelines, 2009, Physical Medicine, pages 98-99, of the MTUS supports physical therapy of 8-10 visits over eight weeks for neck and low back sprains. The employee has already had 13 PT visits which exceeds the guideline recommendations and should have progressed to a home therapy program. The request for physical therapy 3 times per week for 4 weeks, for the cervical, thoracic, and lumbar 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;

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.