

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 6/20/2013
Date of Injury: 1/9/2013
IMR Application Received: 6/6/2013
MAXIMUS Case Number: CM13-0000580

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 01/09/2013. The referenced diagnosis is lumbar sprain/strain. This patient initially attended six visits of physical therapy without clear documentation of improvement. An initial physician reviewer noted that there was no documentation of significant benefit from the prior physical therapy and therefore, additional physical therapy was not reasonable. Treating physician notes as of 06/03/2013 state that the patient was responding well to physical therapy and that an additional course of occupational therapy had been requested for reasons of impaired functional ability and decreased range of motion and functional strength deficits.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical Therapy three times per week for two weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99, which is part of the MTUS, and the Official Disability Guidelines (ODG), Neck and Upper Back, Low Back, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS Chronic Pain Medical Treatment Guidelines Physical Medicine, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment guidelines section Physical Medicine pages 98-99 states "active therapy requires an internal method by the individual to complete a specific exercise or task...allow for fading of treatment frequency plus active self-directed home physical medicine."

The guidelines anticipate that this employee would have transitioned by now to an independent home rehabilitation program. If additional supervised therapy were indicated then the records should include clarification by the treating physician as to why the additional desired treatment requires supervision rather than independent home rehabilitation. The stated goals of therapy are fairly open-ended and nonspecific to this particular patient and therefore not supportive of the guidelines.

2. Occupational Therapy three times per week for two weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99, which is part of the MTUS, and the Official Disability Guidelines (ODG), Elbow, Forearm, Wrist and Hand, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS Chronic Pain Medical Treatment Guidelines Physical Medicine, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment guidelines section Physical Medicine pages 98-99 states "active therapy requires an internal method by the individual to complete a specific exercise or task...allow for fading of treatment frequency plus active self-directed home physical medicine." The guidelines anticipate that this patient would have transitioned by now to an independent home rehabilitation program. If additional supervised therapy were indicated then the records should include clarification by the treating physician as to why the additional desired treatment requires supervision rather than independent home rehabilitation. The stated goals of therapy are fairly open-ended and nonspecific to this particular patient and therefore not supportive of the guidelines.

/bd

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.

[REDACTED]

CM13-0000580