

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

5/21/2013

Date of Injury:

2/18/2013

IMR Application Received:

6/6/2013

MAXIMUS Case Number:

CM13-0000594

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/6/2013 disputing the Utilization Review Denial dated 5/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. 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 2 times a week for 6 weeks for the cervical spine 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.

Expert Reviewer Case Summary:

The patient was injured on 2/18/13. The patient has been diagnosed with cervical and thoracic sprain/strain. Cervical MRI dated 4/29/13 noted disc desiccation at C4-5, C5-6 and C6-7. The electrodiagnostic study dated 4/26/13 noted neuropathy of the right wrist with mild carpal tunnel syndrome. The progress report dated 3/11/13 noted that a request was made for 12 physical therapy (PT) sessions. There is a physical therapy note dated 3/13/13 and a PT re-evaluation note dated 4/26/13 that stated that the patient received 12 sessions of PT and had been given instructions for a home exercise program. The progress report dated 5/16/13 noted that the patient continued to have pain in his neck with traveling pain to his tight upper extremity with numbness and tingling in his right hand. An additional course of PT 2x6 was requested. No discussion by the treater regarding functional improvement gained from the previous course of therapy or the goals for the additional therapy were noted.

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 physical therapy 2 times a week for 6 weeks for the cervical spine:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is part of the MTUS and the Official Disability Guidelines (ODG), Physical Therapy (PT) guidelines, which is not part of the MTUS.

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

Rationale for the Decision:

The employee has received 12 sessions of PT and had been given instructions for a home exercise program. The progress report dated 5/16/13 noted that the employee continued to have pain in the neck with traveling pain to the right upper extremity with numbness and tingling in the right hand. An additional course of PT 2x6 was requested. The medical records reviewed did provide documentation by the treating provider regarding functional improvement gained from the previous course of therapy nor where goals for the additional request therapy noted. **The request for physical therapy 2 times a week for 6 weeks for the cervical spine 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.