

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009



April 26, 2013

**Notice of Standard Independent Medical Review Determination
MAXIMUS Case No. CM13-000031**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Determination: MAXIMUS Federal Services, Inc. has determined the requested 12 sessions of physical therapy to the cervical and lumbar spine and left knee **is medically necessary**.

A request for a(n) standard Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS Federal Services as the designated Independent Medical Review Organization.

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 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.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

The Utilization Review Denial/Modification dated February 22, 2013 has been overturned.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated February 22, 2013

“EE reported injured on 1/5/2013 working on airplane parts and the airplane wing fell on his head. Diagnosis status post head trauma, posttraumatic concussion headaches, cervical spine strain rule out radiculopathy , left shoulder impingement syndrome, bilateral lateral epicondylitis, left knee contusion rule out meniscus tear, left foot crush injury. Reviewed the doctor’s report/PT request dated 1/24/2013. MD requesting PT for the neck, low back and left knee. No diagnosis for the lumbar spine and no objective findings for the cervical and lumbar spine. The doctor notes for the left knee physical therapy, acupuncture treatment and pain medication provide him pain improvement, but he remained symptomatic. The Provider was asked to submit the following information in order to determine medical necessity of requested physical therapy services [REDACTED] [REDACTED] at the MD office on 2/15/2013 at 1:12pm EST). Diagnosis for the lumbar spine. Recent physician notes that support medical necessity, appropriateness of requested services, to include objective measurable findings and functional deficits for all body parts that the doctor is requesting therapy for. When did the patient last receive physical therapy treatment and where. Physical therapy evaluation and recent progress notes which include measurable objective findings, functional deficits. Total physical therapy sessions to date. As of today, this information has not been received and decision is due per regulatory requirements. Unable to certify PT due to lack of information.”

Documents Reviewed for Determination:

The interested parties were notified that the review was assigned on a standard basis. The relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for IMR
- Utilization Review completed by [REDACTED] . dated 02/22/2013
- Employee’s Medical Records from [REDACTED] (dated 1/05/13 through 03/07/13)

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Addition, 2004 (“Pain, Suffering, and the Restoration of Function” Section). The provider did not dispute the guidelines used by

the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator appropriate for the clinical circumstance, and also cited the Official Disability Guidelines.

Rationale for the Decision:

The initial denial was based in part on a lack of documentation. The updated clinical reveals that the patient does have restricted range of motion, tenderness, and spasms per clinical note dated 03/07/2013. Given the functional deficits in the cervical spine, lumbar spine and left knee, the proposed 12 sessions of physical therapy would be supported. There is no indication that the patient has undergone physical therapy to date. The patient underwent the physical therapy evaluation on 01/29/2013 and the request for 12 sessions was denied on 02/22/2013. ACOEM guidelines recommend “specific neck exercises for range of motion and strengthening.” The Official Disability Guidelines recommend “12 visits over 8 weeks” for a diagnosis of sprains and strains of knee and leg. Guidelines also recommend up to 10 sessions of physical therapy for strain of the spine. Based on the extent of injury, multiple affected body parts, and functional deficits on physical examination, the request for physical therapy 12 sessions to the cervical and lumbar spine and left knee is medically necessary at this time.

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
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Oakland, CA 94612

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.