

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

Dated: **12/2/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	10/3/2012
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010875

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two times a week for eight 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 8/14/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 two times a week for eight weeks for the cervical spine 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 & Rehab, 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.

Expert Reviewer Case Summary:

The patient is a 40-year-old female who reported an injury on 10/04/2012. The mechanism of injury was stated to be the patient was performing repetitive tasks and incurred an injury. The re-evaluation findings on 06/14/2013 revealed the patient's pain level had decreased and there was no significant change in the index score of the neck disability index. The plan was noted to include additional physical therapy for the cervical spine.

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 two times a week for eight 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, page 99, which is part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, (ODG), Neck and Upper Back Chapter, Physical Therapy, Online Version, which is not part of the MTUS.

Rationale for the Decision:

The MTUS, Chronic Pain Guidelines Chapter recommends 9 – 10 visits of physical therapy for myalgia. A secondary source, Official Disability Guidelines recommends 9 visits over 8 weeks for cervicgia and recommends that when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. The physical therapy re-evaluation dated 06/18/2013 revealed the patient had no significant change in the disability index which was noted to be 42 upon starting the program on 04/16/2013. Additionally, it noted the patient continued to have moderate limitations upon right rotation, and moderate limitations upon left rotation along with mild limitation of retraction and a decrease in pain. The clinical documentation submitted for review failed to provide the patient was progressing in a positive direction and had remaining functional deficits to support ongoing therapy. CAMTUS and the secondary source, Official Disability Guidelines recommend 9 visits and the patient was noted to have participated in 12 physical therapy visits. The request for an additional 16 visits for cervical physical therapy would be excessive and clinical documentation failed to provide exceptional factors to warrant continuation of the current therapies. **The request for physical therapy 2 times a week for 8 weeks for the cervical 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

/bh

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.