

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	4/30/2003
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011029

- 1) MAXIMUS Federal Services, Inc. has determined the request for **PT times 8 sessions 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 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **PT times 8 sessions** 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 Neuromuscular Medicine 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:

Claimant is a 58-year-old individual who reported an industrial incident on 04/30/03 while sitting at a computer. She underwent a right C6-7 posterior cervical foraminotomy on 2/27/12. She has had extensive PT. On 7/18/13 she reported feeling better despite no recent PT. A prior reviewer on 06/25/13 considered the individual's report of occupational incident and treatment, continued symptoms including ongoing right arm numbness during computer work and pain on the right side of the neck, persistent limited neck motion and weakness of right wrist extension and decreased C6 sensation, x-rays showing degenerative changes at C5-6 and C6-7, preop MRI showing C6-7 right stenosis and EMG evidence of C7 radiculopathy, unchanged symptoms and physical findings in early 2013, no documentation of measured improvement attributable to PT in the past and no evidence of neurological dysfunction that would be expected to improve after she was deemed permanent and stationary, in not recommending 8 additional supervised PT sessions for her neck in the of her use of a home exercise program. A second reviewer on 7/25/13 states that review of the available medical documentation on this individual showed that she is beyond the postsurgical treatment period for PT, and there has been no significant objective changes with PT already provided. The issue presented again is whether PT X 8 sessions is medically appropriate and necessary.

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 PT times 8 sessions:

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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pg. 99, Post Surgical Treatment Guidelines, Neck and Upper Back, which is a part of the MTUS and the Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary, which is not a part of the MTUS.

Rationale for the Decision:

A review for the records indicates that the employee has shown no significant change in functional improvement in PT already provided. The employee is medically/neurologically unchanged with no exacerbations of symptoms to warrant further PT (other than a home exercise program). **The request for PT times 8 sessions 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.