

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	2/25/2013
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011953

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy six times for neck and left shoulder is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/30/2013. 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 **additional physical therapy six times for neck and left shoulder** 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 Pain 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 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 underlying date of injury in this case is 02/25/2013. The current treating diagnosis is cervicgia. The mechanism of injury was a fall. The patient has reported subsequent neck pain and shoulder pain. An initial medical review discusses that this patient previously completed 13 physical therapy sessions and that a detailed response from those physical therapy visits in terms of functional improvement had not been specified in the medical records. Overall that review noted that the records did not establish a rationale for further supervised rather than independent rehabilitation. A report from the treating physician of 06/17/2013 notes an opinion that the patient was not a surgical candidate and that physical therapy was the appropriate treatment for this patient and also opined that the patient could also be at her regular work in the interim.

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 additional physical therapy six times for neck and left shoulder:

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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 8, Neck and Upper Back Complaints, Physical modalities, pg. 174, and Chapter 9, Shoulder Complaints, Prescribed Physical Methods, which are part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines, section on physical medicine, states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task...allow for fading of treatment frequency plus active self-directed home Physical Medicine." Therefore, the treatment guidelines anticipate that this employee would have transitioned to an independent active home rehabilitation program by this time. If further supervised physical therapy were indicated, then the guidelines would encourage a specific prescription with particular goals and methods rather than a more general recommendation for physical therapy at this time. Therefore, at this time the records and guidelines do not support this request as medically necessary. **The request for additional physical therapy six times for neck and left shoulder 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

/cmol

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.