

**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: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	1/25/2008
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0012688

- 1) MAXIMUS Federal Services, Inc. has determined the request for **eighteen physical therapy sessions is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **eighteen physical therapy 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 PM&R, 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 was in an industrial-related incident on 01/25/08 resulting in low back injury. The patient underwent lumbar interbody fusion at L5-S1 for grade 1 spondylolisthesis on 12/16/11. Thirty sessions of postoperative therapy including 12 sessions of aquatic therapy were completed. Dr. [REDACTED] indicated the patient was permanent and stationary in his report dated 11/26/12. Dr. [REDACTED] recently re-evaluated the patient on 6/10/13 at which time she complained of pain radiating across the low back and noticed diffuse weakness of the whole right side of her body. Examination noted mildly tender midline lumbar spine and bilateral sacroiliac joints. Neurologically, she had good strength and sensation bilaterally in her lower extremities. Range of motion (ROM) of the lumbar spine was 75% of normal. Her gait was normal. Diagnoses included prior lumbar fusion, intermittent low back pain, and self-reported right-sided weakness. Dr. [REDACTED] treatment plan noted request for physical therapy to increase her mobility and decrease her back pain.

### **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 eighteen physical therapy sessions :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a 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 a part of the MTUS.

Rationale for the Decision:

A reviewed progress report dated 6/10/13 noted that the employee had an increase in pain with radicular component and right-sided weakness. The employee had completed extensive postoperative physical therapy (PT) including thirty sessions of therapy and 12 sessions of aquatic therapy following spinal fusion at L5-S1 on 12/16/11. The utilization review recommended that the requested 18 sessions of PT be modified to 3 sessions of PT in order to decrease any acute inflammation and re-establish the employee's home exercise program. The purpose for this review is to determine if the requested 18 sessions of PT was medically necessary. According to the postsurgical treatment guidelines, this case is beyond the 6 month postsurgical physical medicine period for spinal fusion; therefore, the Chronic Pain Guidelines were referenced. The medical records are unclear as to how many PT sessions the employee has received outside the postoperative treatment period. The requested 18 PT visits exceeds the 8-10 PT sessions recommended by MTUS for myositis/myalgia. **The request for eighteen physical therapy 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/pr

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.