

Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/15/2013
Date of Injury: 4/16/2004
IMR Application Received: 8/27/2013
MAXIMUS Case Number: CM13-0017311

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy x6 cervical/lumbar is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 x6 cervical/lumbar** 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, has a subspecialty in Neuromuscular 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:

Patient with [REDACTED] and Date of Injury 4/16/04 complains of pain her neck and upper back. Mechanism of injury is unknown. The patient has continued pain in neck and upper back. She has pain in the left greater than right hand. Reduced cervical and right shoulder ROM. Her diagnosis includes: cervical degenerative disease, shoulder sprain/strain, lumbar degenerative disc disease and myofascial pain. Patient was trying to control pain with cervical traction device and transcutaneous electrical nerve stimulation (TENS) unit. The patient had completed acupuncture. The prior request for PT x 6 cervical/lumbar was denied due to no documentation of previous PT and the DOI is 2004. There is no documentation of recent exacerbation of symptoms, and no documentation of objective functional deficits

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 x6 cervical/lumbar :

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, page 99, which is part of MTUS and Official Disability Guidelines, Neck and Upper Back, Physical Therapy and Low Back, Physical Therapy, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 99 which is part of MTUS.

Rationale for the Decision:

The request for PT is not medically necessary. There is no documentation of how much PT employee has had in the past. There is no documentation of objective functional deficits. **The request for physical therapy x6 cervical/lumbar 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.