

Independent Medical Review Final Determination Letter

886

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

IMR Case Number:	CM13-0017986	Date of Injury:	11/19/2012
Claims Number:	[REDACTED]	UR Denial Date:	07/29/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PT 2X6 CERVICAL			

DEAR [REDACTED] ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Internal Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

42 y.o. with injury from 11/19/12 suffering from chronic neck, upper back, right shoulder arm, right knee due to a fall injury.

9/12/13 report by [REDACTED] just has neck and low back pain at 7/10, Prilosec and Naproxine. There is request for treatment PT 2x6 dated 7/17/13 signed by [REDACTED] 6/20/13 ortho report by [REDACTED] pain management lists diagnosis of cervical strain, thoracic/shoulder,elbow,wrist strains. Under discussion, it only states return in 3 months. Also a report by [REDACTED] from 6/11/13 Physical therapy was to start as well as MRI's of C,T, shoudler are recommended. EMG of right arm recommended as well as digital electronic range of motion testing.

PT report from 2/7/13 notes that the patient reports improved relief but gets right arm pain along with N/T into fingers.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical Therapy 2x6 for the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS (2009), Chronic Medical Treatment Guidelines, pages 98-99 which is part of the MTUS. In addition the American

College of Environmental Medicine (ACEOM), Pain Suffering and Restoration of Function Chapter, page 114 which is not part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS Chronic Pain Medical Treatment Guidelines pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the review of the medical records available, I see that the employee suffers from chronic neck, shoulder and low back pains with diagnoses of strain/sprain. For strain/sprain injuries, MTUS only allows for 8-10 sessions of therapy. However, the request is for 12 sessions at 2 times per week for 6 weeks. The reports also indicate that the employee has had therapy in the early part of 2013. There are no discussions as to how the employee did with prior therapy. Current treaters do not discuss these important issues. Recommendation is for denial of the request as the request exceeds what is allowed per MTUS for the diagnoses provided. **The request for Physical Therapy 2 x 6 Cervical is not medically necessary and appropriate.**

/bd

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.



CM13-0017986