

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

2/14/2011

7/24/2013

CM13-0003010

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times a week for 6 weeks (unspecified body parts) is not medically necessary and appropriate.**



Peer review dated February 01, 2013 recommended to non-certify the request for physical therapy x 6 sessions and hand therapy x 6 sessions. According to this report, the patient has had a 23 month history of chronic forearm and hand pain for which she remains symptomatic. A prior request for PT was certified to allow 4 visits for transition to a home program. There is no objective evidence of functional improvement with the prior course of physical therapy. The patient has exceeded the treatment guideline recommendations for the number of sessions. There is also no objective evidence of ongoing functional improvement. There was no improvement in ROM.

Appeal letter dated March 04, 2013 indicates that the patient has an RSI in the upper extremities. There was a previous cumulative trauma injury through February 20, 2010, which had resolved without residuals. After returning to work, she had increasing pain and a new injury. She was doing a lot of data entry, paperwork, and spent a lot of time walking. She reports pain throughout the LUE from the neck to the fingers and pain in the left thumb. The patient has evidence of extensor tendinitis in the left thumb and lateral epicondylitis of the left elbow. She has been able to continue usual and customary work, but has difficulty. She had a total of 16 sessions of PT in the past and has had acupuncture. She has pain with work activities. Review of the discharge summary from the physical therapist after the most recent 4 sessions of PT is noted. Computer use and arm exercises are still aggravating the patients pain. Goals of treatment are to decrease pain and inflammation, improve active ROM and strength, to instruct the patient in an exercise program, and to improve upper extremity function and endurance. The patient has benefited from physical therapy in that she is able to continue working. This is considered to be evidence of functional improvement and is the reason why continued treatment is appropriate. Although her pain has decreased, and she has improved function, she still is pain that is aggravated by computer use. Six additional sessions are requested. She has not been instructed in a full exercise program, but is doing some exercises at home. The request for 6 additional visits of physical therapy was non certified by [REDACTED], Physical Medicine and Rehabilitation UR consultant, on 3/14/13, noting that assessment of whether there is evidence of functional improvement from physical therapy necessitates determining whether such improvement is sustained. Transition to a fully independent exercise program would be expected sufficient to allow her to continue working, in the opinion of f Teshome. Also noting that total treatment physical therapy guidelines recommendations for this condition had

been exceeded.

5/31/13 PR-2 [REDACTED] noted onset of or worsening pain in right shoulder, and MRI was requested.

6/28/13 PR-2 [REDACTED] states claimant remains symptomatic in right shoulder, deep pain in joint without radiation. Pain aggravated with keyboarding and lifting. MRI of right shoulder on 6/25/13 finds mild tendinosis of the supraspinatus tendon with no rotator cuff tear. Request for physical therapy 2 x 6.

### **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 2 times a week for 6 weeks (unspecified body parts) :**

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 MTUS American College of Occupational and Environmental Medicine(ACOEM), 2<sup>nd</sup> Edition,(2004) Physical Therapy, shoulder(page 203), which is part of the MTUS and the Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on The MTUS American College of Occupational and Environmental Medicine(ACOEM), 2<sup>nd</sup> Edition,(2004) Physical Therapy, shoulder(page 203).

Rationale for the Decision:

The employee's injury was in 2011. The employee has had a total of 28 sessions of physical therapy (PT). The 7/26/13 report states the employee had one of the four authorized sessions of PT and that the employee would need more to graduate to a home exercise program (HEP). There was palpatory findings in the medical records for review, but no range of motion (ROM) findings, strength testing, or orthopedic/neurologic examination of the upper extremity. There was no discussion of what type of PT was undertaken or documentation as to why the employee needs to continue with formal PT. There was no discussion of any functional benefit with prior PT. A PT noted dated 10/26/12 states the employee was already trained in a HEP, but on 7/26/13, there was no discussion on the HEP or compliance with this program. The medical records indicate that the employee only had e-stim and myofascial/massage, which are all passive therapies. Passive therapy at this point is not in accordance with the MTUS recommendations, and absent any discussion on functional improvement with the prior 28 sessions of PT, the need to extend PT beyond the MTUS recommendations of 8-10 visits is not supported. The request for PT x12 with the 28 sessions of PT already provided exceeds MTUS recommendations. **The request for physical therapy 2 times a week for 6 weeks(unspecified body parts) 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  
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