
Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 1/11/2011
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0003557

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two (2) times a week for six (6) weeks for the cervical spine **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 two (2) times a week for six (6) weeks for the cervical spine **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Orthopedic Surgery 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 15, 2013:

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This is a 55 year old male per referral.
Per the 11/30/12 operative report, the claimant underwent ACDF at C3-4, C4-5, C5-6 and C6-7.
Per the 6/27/13 progress report, the claimant's condition is the same. Injury date is 1/11/11.
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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 for Independent Medical Review
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** physical therapy two (2) times a week for six (6) weeks for the cervical spine :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Post Surgical Treatment Guidelines, no section cited, part of the MTUS. The Expert Reviewer found the Post Surgical Treatment Guidelines, pg. 26, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a industrial-related injury on 1/11/2011. The submitted and reviewed medical records indicated that the employee is status post-surgery on the cervical spine and has had x-rays, and injections. The most recent medical record, dated 6/27/2013, indicated that the employee was having pain over the bilateral trapezii and was having difficulty turning his head while driving. A request was submitted for postoperative physical therapy of two (2) times per week for six (6) weeks to address severe muscle spasms and to minimize cervical range of motion.

MTUS Post Surgical guidelines recommend a maximum of 24 visits over 16 weeks following fusion and graft material. The guidelines further state a general course of therapy means the number of visits and/or time interval specified for the specific surgery and the initial course being $\frac{1}{2}$ the number of visits specified in the general course of therapy for the specified surgery. The request for 12 sessions of therapy for the cervical spine in the postoperative phase is in accordance with gridline recommendations. The request for physical therapy 2 times a week for 6 weeks for the cervical spine **is 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.