

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	1/15/2013
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004325

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy three (3) times a week for four (4) weeks **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 three (3) times a week for four (4) weeks **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 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 16, 2013:

**History of Condition:** This 38 year old male worker was injured on 1/15/13; reportedly a 25 pound box fell on his head, pushing his head into his desk. On a reported dated 5/30/13, but labeled "INITIAL PAIN MANAGEMENT CONSULTATION Revised 6/4/13", the worker reported pain in the neck radiating to the right shoulder with numbness down to the elbow. Exam: grip weaker on the right compared to the left; tender paracervical muscles, decreased cervical ROM. Spurling on the right. Tender subacromial space of the shoulder with normal ROM; otherwise normal shoulder exam. Motor exam: weak left upper extremity throughout. A PT note dated 6/18/13 indicated "The patient reports that he feels that the PT has just begun to start to help." The worker demonstrated compliance with a prescribed HEP. On 6/27/13 the worker reported that "...physical therapy is helping a little. Patient is requesting more PT." Exam: upper extremity motor 5/5 throughout. Moderate tenderness to palpation (not indicated where); negative tension signs. Sensation intact all dermatomes; neck motion "unchanged significantly." Reportedly 20 PT sessions have been authorized, and as of the request, 12 have been completed. Request: PT x12.

### 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 for physical therapy three (3) times a week for four (4) weeks:**

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 Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guideline used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer also cited the Official Disability Guidelines (ODG), Physical Therapy Guidelines, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines recommend 8 to 10 sessions of physical therapy over 4 to 8 weeks for treatment of neuralgia, neuritis, and radiculitis. The ODG recommends 10 sessions of physical therapy over 8 weeks for treatment of displacement of cervical and/or vertebral disc. The medical records submitted and reviewed indicate that the employee had reportedly been approved for 20 sessions of physical therapy and has completed 12 sessions thus far. The current request for 12 additional sessions of physical therapy exceeds the recommendation of the guidelines. Also, there is a lack of documentation since 8/14/2013 indicating the employee's progression in physical therapy while utilizing the remaining 8 sessions of the 20 sessions already approved. There is also a lack of documentation submitted by the requesting physician indicating exceptional circumstances for continued physical therapy of the employee versus a home exercise program. The request for physical therapy three (3) times a week for four (4) weeks **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,

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

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.