

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **11/15/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	2/5/2013
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004565

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy for the lumbar spine and shoulders 3 times a week for 2 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 for the lumbar spine and shoulders 3 times a week for 2 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 Preventive Medicine and Occupational Medicine, 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:**

All 19 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a [REDACTED], [REDACTED] employee who has filed a claim for low back and shoulder pain reportedly associated with an industrial injury of February 5, 2013.

The most recent note on file is a July 18, 2013 utilization review report denying six additional sessions of physical therapy.

Also reviewed is a July 25, 2013 letter from the applicant's attorney appealing.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; initial return to part-time work; and subsequent removal from the workplace.

The most recent progress note of July 18, 2013 is notable for comments that the applicant is a Spanish-speaking housekeeper. She reportedly strained her shoulder while lifting a heavy trash bag. She presents now, reporting constant pain in the neck, upper back, shoulder, and low back. She is working three-hour shifts at present, with restrictions. A 5/5 upper and lower extremity strengths are appreciated. The claimant is ambulating with a limp and exhibits tenderness about the injured ankle. The claimant is kept off of work, on total temporary disability, while MRI imaging and electrodiagnostic testing are sought.

**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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for physical therapy for the lumbar spine and shoulders 3 times a week for 2 weeks :**Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

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

Rationale for the Decision:

MTUS does endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, as are present here, in this case, it is not clearly stated how much cumulative therapy the employee has had over the life of the claim. MTUS further states that there should be demonstration of functional improvement so as to justify continued treatment. In this case, however, there is no clear evidence of functional improvement following completion of prior unspecified amounts of physical therapy. The employee has failed to return to work. The employee is now off of work, on total temporary disability. There is no evidence of diminished reliance on medical treatment. Rather, the fact that the employee is consulting numerous providers in numerous specialties and is obtaining several diagnostic tests argues against any diminished reliance on medical treatment. **The request for physical therapy for the lumbar spine and shoulders 3 times a week for 2 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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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.