

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:	7/15/2013
Date of Injury:	11/29/2010
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004687

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient additional physical therapy (PT) to the cervical spine, lumbar spine and right hand two (2) times a week for six (6) 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 7/15/2013. 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 **outpatient additional physical therapy (PT) to the cervical spine, lumbar spine and right hand two (2) times a week for six (6) 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 220 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a represented [REDACTED] production worker who has filed a claim for chronic neck pain, elbow pain, shoulder pain, low back pain, insomnia, gastritis, anxiety, depression, and carpal tunnel syndrome reportedly associated with cumulative trauma at work first claimed on November 29, 2010.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a wrist support; attorney representation, MRI of the lumbar spine of October 26, 2011, notable for multilevel disk bulges of uncertain clinical significance; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability.

Specifically reviewed is a July 15, 2013 utilization review report denying authorization for 12 additional sessions of physical therapy.

The most recent progress report of April 29, 2013 is notable for comments that the applicant reports multifocal wrist, shoulder, and low back pain which she attributes to cumulative trauma throughout her employment at [REDACTED]. She undergoes laboratory testing, apparently in preparation for a carpal tunnel release surgery.

Also reviewed is an April 24, 2013 progress note, in which authorization is sought for right carpal tunnel release surgery. The applicant remains off of work, on total temporary disability and is using unspecified medications and a lumbar support.

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 outpatient additional physical therapy (PT) to the cervical spine, lumbar spine and right hand two (2) times a week for six (6) 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 Treatment Guidelines (2009), which is part of MTUS.

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

Rationale for the Decision:

MTUS states that a general course of 9 to 10 sessions of treatment is recommended for myalgias and/or myositis of various body parts. In this case, the employee has had prior unspecified amounts of therapy over the life of the claim. According to the medical records provided for review, there is no demonstration of functional improvement following completion of the same which might justify additional treatment. The employee remains off of work, on total temporary disability. The employee is seemingly highly reliant on medical treatments and office visits with multiple providers in multiple specialities. Surgical treatment is being sought, further arguing against functional improvement with prior physical therapy. **The request for outpatient additional physical therapy (PT) to the cervical spine, lumbar spine, and right hand two (2) times a week for six (6) 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
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.