

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/3/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	3/30/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004753

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy, two (2) times per 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 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 per 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 Ohio and Pennsylvania. 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:

This patient presents with date of injury 3/30/11, and is a 60-year-old with diagnoses documented of cervical lumbar discopathy, bilateral shoulder impingement, right cubital syndrome, internal derangement in bilateral knees, status post ORIF (Open Reduction Internal Fixation) of right calcaneus and status post removal of hardware of right calcaneus. An evaluation with a pain management specialist for one visit for evaluation and assessment related to a plan of care to address chronic pain complaint is reasonable in this clinical setting. The patient is status post ORIF of the calcaneus with subsequent removal of hardware. The patient was seen on 4/18/12 and had postop evaluation status post right ankle hardware removal. The patient had overall improvement of symptomatology in his right ankle, but continued to report pain in the cervical lumbar region and hips and knees. It appears the patient received PT (Physical Therapy) for the right ankle complaints (certified in June 2012). A 4/17/13 note from [REDACTED] ortho indicates the claimant should have been taught a home exercise program for neck, back, knee and shoulder. The outcome, scope and nature of prior physical therapy is not documented in the records available for my review in order to substantiate the necessity of additional physical therapy at this stage of care. The claimant had a course of postoperative physical approved in 2012 and based on a 4/17/13 note, should have been educated in an independent Home Exercise Program for self directed stretching and strengthening activities. The request for a pain management evaluation to assist with further approaches of treatment and pain management regarding the claimant's lumbar radicular symptoms is reasonable x1 based on the exam findings 6/13/13 of positive root tension sign and dysesthesia with ongoing lumbar radicular pain with radiation in a radicular pain.

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, two (2) times per 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, Table 2, Summary of Recommendations, the Chronic Pain Medical Treatment Guidelines, and the Postsurgical Treatment Guidelines, all of which are part of the MTUS.

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

Rationale for the Decision:

The California Chronic Pain Medical Treatment Guidelines section on physical medicine anticipates transition to an independent home rehabilitation program. The medical record in this case indicates that the employee has received past physical therapy. The request from the treating provider does not provide a rationale as to why additional supervised therapy would be indicated rather than continued home independent exercises. Additionally, the current request does not specify the particular goals or methods of proposed additional physical therapy. It is unclear how the proposed additional physical therapy would differ from past therapy or why this supervised therapy is necessary instead of an independent home rehabilitation program which the employee would have previously completed. **The request for the request for physical therapy, two (2) times per 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dat

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.