

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	1/17/2013
Date of Injury:	12/9/2009
IMR Application Received:	7/1/2013
MAXIMUS Case Number:	CM13-0004960

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient physical therapy two times per week for eight weeks, body part not indicated 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 7/1/2013. 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 **outpatient physical therapy two times per week for eight weeks, body part not indicated 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 medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic knee and bilateral shoulder pain reportedly associated with cumulative trauma at work first claimed on December 9, 2009.

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; and extensive periods of time off of work.

The applicant has also alleged mental health issues, it is further noted.

In a utilization review report of July 1, 2013, 16 sessions of physical therapy are non-certified.

A recent handwritten progress report of June 24, 2013 is difficult to follow, notable for comments that the claimant has diminished sensation about multiple digits.

Recommendation is made for the claimant to pursue 16 sessions of physical therapy, followup with Psychiatry, obtain a Toradol injection, and remain off of work, on total temporary disability.

### **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 outpatient physical therapy two times per week for eight weeks, body part not indicated:**

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, Physical Medicine, pgs. 98-99, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 98-99, which is part of MTUS.

Rationale for the Decision:

The employee has had prior unspecified amounts of physical therapy over the life of the claim. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasized active modalities, home therapy, home exercises, and diminishing or tapering the frequency of physical therapy over time. The original request, as written, however, is for 16 sessions of therapy, seemingly well in excess of the 9- to 10-session course recommended in the Chronic Pain Guidelines for myalgias and/or myositis of various body parts. It is further noted that, in this case, there is no evidence of functional improvement with prior treatment. The employee remains off of work, on total temporary disability, consulting numerous providers in numerous specialities. All the above, taken together, argue against functional improvement as defined in section 9792.20f. **The request for physical therapy two times per week for eight weeks, body part not indicated, 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, 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.