

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	1/20/2013
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005730

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy sessions 3 times a week for 3 weeks, qty: 9 visits **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 8/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 sessions 3 times a week for 3 weeks, qty: 9 visits **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 Therapy, 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:

The applicant, Mr. [REDACTED] is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 28, 2013.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; x-rays of the injured foot and ankle, reportedly negative for fractures; and extensive periods of time off of work, on total temporary disability.

In a prior utilization review report of August 21, 2013, it is suggested that the applicant has had 15 sessions of physical therapy to date. Further therapy is denied, citing ODG.

A prior note of August 7, 2013 is handwritten, not entirely legible, notable for comments that the applicant sustained a crushed injury to the foot, remains off of work, on total temporary disability, for additional four weeks, should pursue additional physical therapy in the interim.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy sessions 3 times a week for 3 weeks, qty: 9 visits:

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 Official Disability Guidelines, Physical Therapy, which is not 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 Chronic Pain Medical Treatment Guidelines recommend 9-10 physical therapy sessions, over 8 weeks for myalgia and myositis. A review of the submitted medical records indicates that the employee has had 15 prior physical therapy sessions. The records do not indicate if the employee has had any functional improvement following these treatments and there is no evidence of improved performance of activities of daily living. The records indicate that the employee has not returned to work, but do not indicate if there is a reduced work restriction. **The request for physical therapy 3 times a week for 3 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

/db

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.