

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	6/21/1991
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007102

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy three times a week for four weeks for the lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 three times a week for four weeks for the lumbar spine **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 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 patient is a 71 Y, F with a date of injury 6/21/91. The patient's diagnoses include lumbar disc displacement, status post L4-L5 and L5-S1 discectomy, posterior decompression, and fusion 9/4/12. The progress report dated 5/31/13 noted that the patient suffered a setback in rehabilitation from the 9/4/12 surgery when she had a fall in the hospital. She fractured her right patellar/Tibia. It was noted that she was attending outpatient PT sessions. She had 24/7 home support at that time. It was noted that Dr. [REDACTED] was planning to perform repair on the right knee meniscus tear. He wanted the patient to complete right knee therapy for best strength prior to surgery. Dr. [REDACTED] wanted the patient to get stronger overall prior to performing right knee repair. He recommended that the patient continue land therapy for knee 3x4 as well as pool therapy 2x4 for the lumbar spine. The progress report dated 6/20/13 by Dr. [REDACTED] M.D. noted that the patient complained of right knee pain and continued low back pain that travels down to her hip area. The patient reported that she had been going to aqua therapy for her lumbar spine which has helped a lot. A request was made for continuation of physical therapy 3x4 to continue to regain range of motion and muscle strength in her lumbar spine. The progress report dated 8/19/13 by Dr. [REDACTED] M.D. noted that the patient was doing worse, with tenderness and spasm of her right knee and low back.

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 three times a week for four weeks for the lumbar spine:**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 (ODG), Low Back Chapter, 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, pages 98 & 99, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines recommend that patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records indicate that the employee has had extensive therapy for the low back as well as right knee following spinal surgery in 2012. The progress report dated 8/19/13 noted that the employee was doing worse, with tenderness and spasm of the right knee and low back. The request for 12 sessions of physical therapy is not supported by MTUS. **The request for physical therapy three times a week for four weeks for the lumbar spine 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

/bh

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.