

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	3/27/2012
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008118

- 1) MAXIMUS Federal Services, Inc. has determined the request for physiotherapy: neck, thoracic spine and right shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/19/2013. 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 physiotherapy: neck, thoracic spine and right shoulder **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 has an injury date from 3/27/12, for the shoulder and right ankle. Magnetic Resonance Imaging (MRI) of shoulder was negative, Electromyography and Nerve Conduction Velocity (NCV/EMG) normal other than C5 radiculopathy. The 7/8/13 note by Dr. [REDACTED], DC recommended physical therapy (PT) 1/wk and acupuncture 1/wk for 6 weeks.

Per Qualified Medical Examiner (QME) report by Dr. [REDACTED] from 3/27/12, the patient has pains in the right shoulder and midback. The patient had PT until July 2012 and acupuncture from July to September 2012. The patient was then sent to two different chiropractors for continued treatments.

6/13/13 MRI of T-spine was unremarkable other than lipoma.

1/29/13 MRI of C-spine showed 3mm disc herniation at C2-3, and what is described as 1-2 mm "herniations" at other levels.

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** physiotherapy: neck, thoracic spine and right shoulder:

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), 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:

This is a request for physical therapy, unspecified amount. The treater's note from 7/18/13 indicates that the request is for once per week for 6 weeks.

The Chronic Pain guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. A review of the submitted medical records indicates that the employee has had extensive physical therapy (PT), acupuncture and chiropractic care without functional and pain improvements. The records do not provide a rationale as to why therapy should be continued. The guidelines require an evaluation of progress toward established treatment objectives, and if progress is unsatisfactory, a change in the treatment plan should be implemented. The records do not document the progress from previous physical therapy and the employee has already exceeded the guideline recommended amount of physical therapy. **The request for physiotherapy for the neck, thoracic spine and right shoulder 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.