

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the physical therapy (cervical) 2 times a week for 3 weeks requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/18/2013 disputing the Utilization Review Denial dated 4/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/19/2013. 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 physical therapy (cervical) 2 times a week for 3 weeks requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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, has a subspecialty in Pain Management 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 8, 2013.

“As per nurse case summary, patient complained of severe unremitting headaches with intermittent uncontrollable right eye twitching along and episodes of facial flushing. On physical exam, there was decreased range of motion in the right wrist with tenderness over distal radius bony and swelling noted. There was limited range of motion in the cervical spine with tenderness noted. There was no detailed assessment of the cervical spine on the clinical data provided. The clinical information submitted was insufficient for review. The patient was diagnosed with post-concussion syndrome; neck pain. Patient had 6 authorized sessions of Occupational therapy for right wrist and 12 authorized sessions of physical sessions.”

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 for Independent Medical Review dated 04/18/2013
- Utilization Review Determination provided by [REDACTED], dated 04/08/2013
- Medical Records from [REDACTED] dated 1/30/13 – 4/29/13
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, (2004), Neck and Upper Back complaints, pages 181-183, of the California Medical Treatment Utilization Schedule 2009
- Official Disability Guidelines (ODG), (2009), Neck and Upper Back Chapter

1) Regarding the request for physical therapy (cervical) 2 times a week for 3 weeks :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Neck and Upper Back complaints, pages 181-183 and the Official Disability Guidelines (ODG), (2009), Neck and Upper Back Chapter, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee presented with an abrasion of the shoulder or arm, wrist joint pain, forearm pain and a head injury on 1/30/13. A review of the clinical records submitted revealed the employee complained of unremitting headaches, right eye twitching, and facial flushing. On examination there was tenderness and limited range of motion in the cervical spine. Twelve (12) sessions of physical therapy (PT) were authorized.

California MTUS ACOEM guidelines (tables 8-5, 8-8) do not support physical therapy beyond approximately the first month of symptoms in the management of injuries to the neck. ODG recommend formal physical therapy with a transition to self-directed home exercises. Physical therapy should demonstrate functional benefit and pain reduction in order for this to be continued. Although there are extensive notes that indicate the patient has tried a topical pain cream, nortriptyline, and tramadol, the submitted documentation does not contain information relevant to past PT. Specifically, what functional goals were achieved and what existing symptoms require additional formal physical therapy. There is no clinical rationale for another six (6) sessions of physical therapy. The requested physical therapy (cervical) 2 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,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.