

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested 18 physical therapy visits for the cervical spine, lumbar spine, and left arm **are not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Interferential Unit **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/31/2013 disputing the Utilization Review Denial dated 5/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/31/2013. 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 requested 18 physical therapy visits for the cervical spine, lumbar spine, and left arm **are not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Interferential Unit **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 3, 2013

“The patient reported losing his balance while setting a carpet roll down and falling onto his left arm which struck a cement surface. His complaints were limited to “SHARP AND THROBBING PAIN TO THE CERVICAL SPINE, LEFT SHOULDER, LEFT HAND, LUMBAR SPINE AND RIGHT SHOULDER.” These subjective findings were not further characterized. Additional symptoms were not noted. An injury mechanism involving each of the affected areas was not further delineated. “SEE REPORT” was the only finding noted in the objective portion of the submitted documentation. No objective clinical findings were noted. Functional deficits were not delineated. A rationale for PT was not delineated. Necessity of the requested number of sessions was not explained. “X-RAYS AND MEDICATION” were noted after “TREATMENT RENDERED” but x-ray findings were not outlined nor were any medications specified.”

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 5/31/13)
- Utilization Review Determinations from [REDACTED] (dated 5/3/13)
- Employee medical records from [REDACTED] MD (not dated)

- 9792.24.2. Chronic Pain Medical Treatment Guidelines (May, 2009), Part 1, Introduction, pg. 6 of 127
- General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2), pg. 24-25

1) Regarding the request for 18 physical therapy visits:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2), pg. 24-25 and the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 1, Introduction, pg 6 of 127 which are part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 99 of 127 of the Medical Treatment Utilization Schedule (MTUS) was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained injuries to multiple body parts in a trip and fall industrial contusion incident on 2/12/2013. The medical records provided and reviewed include only a doctor's first report, not clearly dated (though confirmed by Utilization Review to be 4/1/2013), indicating the employee is experiencing sharp, throbbing pain about the neck, left shoulder, left hand, low back, and right shoulder. Impressions included: cervical spine sprain and strain, rule out radiculopathy, left shoulder strain, rule out tendinitis and impingement, left elbow strain, left wrist strain, left hand strain, and lumbar spine strain. It appears from this medical record the employee underwent x-rays, but the results were not provided. Recommended treatment is to follow up with specialists for hypertension and headaches, physical therapy, and to remain off work for six (6) weeks.

The provided documentation is limited; however, based on the one piece of medical records provided, it appears the employee is still having pain more than four (4) months post injury. The MTUS states that the criteria for chronic pain are generally reached at some point 1-6 months after the date of injury or when no specific surgical remedy is sought. The guidelines further state that chronic pain is pain that persists beyond an anticipated healing period. As indicated on page 3 of the Chronic Pain Medical Treatment Guidelines, the Employee's failure to return to work and the protracted period of disability given by the primary treating physician also meets criteria for delayed recovery/chronic pain. MTUS Chronic Pain Medical Treatment Guidelines do support a course of nine (9) to ten (10) sessions of physical therapy for myalgias and/or myositis of various body parts; however, based on the medical records provided, it is unclear whether the employee has had physical therapy either before or after the 4/1/2013 medical record reviewed. MTUS ties extension of treatments beyond the number recommended by the guidelines to functional improvement, and the limited information provided does not establish the presence of any functional improvement as defined in the Chronic Pain Medical Treatment Guidelines. The

criteria for the requested 18 sessions of physical therapy have not been met. The requested 18 sessions of physical therapy **are not medically necessary and appropriate.**

2) Regarding the request for the Interferential Unit:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2), pg. 24-25 and the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 1, Introduction, pg 6 of 127 which are part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 120 of 127 of the Medical Treatment Utilization Schedule (MTUS) was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained injuries to multiple body parts in a trip and fall industrial contusion incident on 2/12/2013. The medical records provided and reviewed include only a doctor's first report, not clearly dated, indicating employee is experiencing sharp, throbbing pain about the neck, left shoulder, left hand, low back, and right shoulder; the report lists diagnoses of cervical spine sprain and strain, rule out radiculopathy, left shoulder strain, rule out tendinitis and impingement, left elbow strain, left wrist strain, left hand strain, and lumbar spine strain. It appears from this medical record the employee underwent x-rays, but the results were not provided.

The provided documentation is limited; however, based on the one piece of medical records provided, it appears the employee is still having pain more than four (4) months post injury. The MTUS states that the criteria for chronic pain are generally reached at some point 1-6 months after the date of injury or when no specific surgical remedy is sought. The guidelines further state that chronic pain is pain that persists beyond an anticipated healing period. As indicated on page 3 of the Chronic Pain Medical Treatment Guidelines, the Employee's failure to return to work and the protracted period of disability given by the primary treating physician also meets criteria for delayed recovery/chronic pain. The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have some history of analgesic medication failure, analgesic medication intolerance, and/or history of substance abuse that would make provision of oral analgesic medication unwise. The medical records provided are sparse and fail to make any compelling case for usage of the interferential stimulation unit. The criteria for the requested interferential unit have not been met. The requested interferential unit **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.