
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested six (6) sessions of physical therapy **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/19/2013 disputing the Utilization Review Denial dated 5/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/20/2013. 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 requested six (6) sessions of physical therapy **are 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 22, 2013.

“The claimant is a 29-year-old male with a date of injury on March 9, 2013, 2-1/2 months ago. He had a slip and fall and fell onto his right wrist and injured his right wrist, his shoulder, his back, and his groin. He has been treated conservatively. Information provided states that he has already had 24 sessions of physical therapy. The patient still has ongoing complaints. A recent note from Dr. [REDACTED] dated May 10, 2013, indicates that he still has pain in the shoulder, the elbow, the wrist; the low back, and the groin. The shoulder, elbow, and back pain are unchanged. MRI of the wrist showed a strain. The physical examination of the neck showed full range of motion with no tenderness. The same was true of the thoracic spine. In the right shoulder there was 1+ tenderness to palpation with full range of motion. On the right wrist he was wearing a brace. He had a superficial abrasion over the ulnar styloid. There were no other issues at the wrist documented. In the lumbar spine there was tenderness with full range of motion.”

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:

- Independent Medical Review (received 6/19/13)
- Utilization Review Determination from [REDACTED] (dated 5/22/13)
- Employee Medical Records from [REDACTED] (dated 3/9/13)
- Employee Medical Records from [REDACTED] (dated 3/11/13-6/21/13)
- Employee Medical Records from [REDACTED], MD (dated 4/3/13-6/27/13)
- Employee Medical Records from [REDACTED] (dated 3/22/13-5/16/13)

- Employee Medical Records from [REDACTED] (dated 3/26/13-5/16/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 98-99

1) Regarding the request for 6 visits of Physical Therapy:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg 99, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a slip and fall work-related injury on March 9, 2013 with pain to the right wrist, shoulder, back, and groin. Medical records provided and reviewed indicate conservative treatment of oral analgesics, physical therapy, unremarkable X-rays, MRI of right wrist, and work restrictions. The medical record of 4/3/13 documents pain in the right wrist, shoulder, and low back, with full range of motion in all areas. Objective findings include tenderness to palpation with MRI findings of a partial tear in the right wrist and mild disc disease of the low back. The employee is now greater than four months post injury with greater than anticipated healing time, meeting the guidelines for chronic pain.

Chronic Pain Guidelines suggest 9-10 visits of physical therapy over an 8-week period for myalgia or myositis. The employee has received more than the recommended number of physical therapy sessions with no rationale from the treating physician as to functional improvement or reasoning as to why more physical therapy would be beneficial. The six (6) sessions of physical therapy **are 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.





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