

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/10/2013**

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/30/2013 |
| Date of Injury: | 3/22/2004 |
| IMR Application Received: | 8/15/2013 |
| MAXIMUS Case Number: | CM13-0011652 |

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/23/2013. 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 **six (6) physical therapy sessions** 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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 03/22/2004 due to a motor vehicle accident. The patient was treated for a disc herniation at the L4-5 with physical therapy. It was noted that the patient's symptoms were responsive to this conservative treatment. The patient had pain radiating into the left hip exacerbated by movement. The patient was diagnosed with sciatica, lumbar disc degeneration, and spinal stenosis of the lumbar region. It was noted that the patient was status post spinal fusion at the L5-S1 level. The patient's treatment plan included medications and physical therapy. The patient underwent 8 visits of physical therapy with improvements in range of motion and a decrease in symptoms. Additional physical therapy was requested.

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 six (6) physical therapy sessions :

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 Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99, which are part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state "patients are instructed and expected to continue active therapies at home as an extension of the treatment process, in order to maintain improvement levels." The clinical documentation submitted for review does provide evidence that the employee has some minor deficits after completing 8 visits of physical therapy. However, there is no clinical documentation to support barriers that would preclude further progress of the employee while participating in a home exercise program. Additionally, guidelines state that 8 to 10 visits over 4 weeks is appropriate for radiculitis symptoms. The requested additional 6 visits would extend treatment beyond this guideline recommendation. There are no exceptional factors noted within the documentation to support extension of treatment beyond guideline recommendations. **The request for six (6) physical therapy sessions 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

/ldh

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.