

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 08/16/2013  
Date of Injury: 01/28/2010  
IMR Application Received: 08/21/2013  
MAXIMUS Case Number: CM13-0013948

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Interventional Spine 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

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)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is 64 years old with a date of injury 1/28/2010. The patient's diagnoses include: chronic cervical strain, degenerative spondylosis of the cervical spine; right cubital and carpal tunnel syndrome; status post 8/20/2010 right shoulder arthroscopy, rotator cuff repair and decompression; status post 6/12,2012 right shoulder acromioplasty revision, rotator cuff repair of a very large rotator cuff tear. The AME report dated 4/24/13 by [REDACTED] opined that it would be reasonable to allow the patient to return to [REDACTED] for an assessment and to discuss potential treatment options based upon a contemporaneous history and physical exam, if the patient's cervical spine is still significantly symptomatic after she had recovered from the proposed right wrist and elbow surgery. The progress report dated 8/1/13 by [REDACTED] noted that the patient's cervical symptoms are progressive and include increasing pain and neurologic deficit (motor/sensory loss C5). The 2011 C/S MRI showed "deforms the anterior cervical cord." The surgeon, [REDACTED], believed the s/s were primarily from the wrist and not the neck. A second opinion was requested. The treatment plan noted that 8 physical therapy visits were recommended by the orthopedic spine surgeon, [REDACTED]. It was noted that 3 visits had been completed over 3 weeks and 6 more were requested. The progress report dated 10/16/13 by [REDACTED] noted that the patient did have 6 physical therapy visits that did provide some relief in neck pain. The patient continued to have significant neck pain with radiation to the right trapezius and deltoid region. An updated cervical MRI was requested prior to consideration of ESI versus more aggressive treatment options if needed.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

- 1. Physical Therapy for the cervical spine is medically necessary and appropriate.**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), section 9792.25, 9792.6, 9792.10, which is not part of the MTUS.

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

The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines supports 9-10 visits of physical therapy over 8 weeks for neuralgia, neuritis, and radiculitis. The medical records provided for review indicates that the patient had received 6 of the original 8 physical therapy visits recommended by the orthopedic surgeon, notes also indicate that were some reported pain relief but no significant resolution of symptoms. The requested 6 visits of physical therapy made by [REDACTED] were reasonable as it was a request for continuing the physical therapy visits recommended by Dr. [REDACTED] and not additional visits. **The request for physical therapy for the cervical spine is medically necessary and appropriate.**

## **2. Second opinion from an orthopedic spine surgeon for the cervical spine is medically necessary and appropriate.**

The Claims Administrator based its decision on the Neck and upper Back Procedure

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), chapter 7, pg. 127, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The ACOEM guidelines, pg127 states "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The request for a second opinion appears to be reasonable as the medical records provided for review indicate that the employee's cervical symptoms are progressive and include increasing pain and neurologic deficit (motor/sensory loss C5). **The request for a Second opinion from an orthopedic spine surgeon for the cervical spine is medically necessary and appropriate.**

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[REDACTED]

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