MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

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[redacted]

Dated: 12/30/2013

IMR Case Number:	CM13-0015513	**Date of Injury:**	07/09/2012
Claims Number:	[redacted]	**UR Denial Date:**	08/02/2013
Priority:	STANDARD	**Application Received:**	08/26/2013
Employee Name:	[redacted]		
Provider Name:	PROVIDER INFORMATION NOT PROVIDED		
Treatment(s) in Dispute Listed on IMR Application:			
97012, 97014, 97016, 97250, 97110, 97112, 97530, 98774, 98778 PHYSICAL THERAPY 2X WK X 5 WKS CERVICAL, LUMBAR, BILATERAL SHOULDERS			

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:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

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 a 55 Y, F with a date of injury on 7/9/12. The patient's diagnoses include: cervical thoracic strain/arthrosis with cephalgia; bilateral shoulder impingement syndrome with a chronic uptake f the joint arthrosis with probable rotator cuff tear; bilateral carpal runnel syndrome/bilateral cubital runnel syndrome, per nerve conduction studies; lumbosacral strain/arthrosis. The utilization review letter dated 8/14/13 noted that the patient had received several dozen prior PT sessions, medication, activity modification, and home exercise. The progress report dated 5/28/13 by Dr. [redacted] noted he has been unsuccessful in scheduling the patient for additional supervised PT for the C/S, bilateral shoulders and L/S, the patient reported that her low back and right side of her shoulder and neck are her greatest complaint. The progress report dated 7/11/13 noted that the patient received 4 sessions of acupuncrure with benefit but was not allowed for more treatment. It was noted that the patient had not been scheduled for more PT visits. 12 sessions of PT was requested.

IMR DECISION(S) AND RATIONALE(S)

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

1. Physical therapy 2x5 for cervical, lumbar, bilateral shoulders is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS and ODG.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 8, 98-99, which are part of the MTUS.

The Physician Reviewer's decision rationale:
The utilization review letter dated 8/14/13 noted that the patient had received several dozen prior PT sessions, medication, activity modification, and home exercise. The progress report dated 5/28/13 by Dr.[redacted] noted he has been unsuccessful in scheduling the patient for additional supervised PT for the C/S, bilateral shoulders and L/S, the patient reported that her low back and right side of her shoulder and neck are her greatest complaint. The progress report dated 7/11/13 noted that the patient received 4 sessions of acupuncrure with benefit but was not allowed for more treatment. It was noted that the patient had not been scheduled for more PT visits. 12 sessions of PT was requested. MTUS page 8 has the following regarding evaluation of progress: Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The treating provider did not provide any discussion in regards to the progress made by any previous PT visits. MTUS (pg. 98, 99) regarding physical medicine allow for fading of treatment frequency plus active self-directed home physical medicine. The requested 10 PT visits is not supported by the guidelines noted above, there needs to be documentation of the treaters evaluation of progress toward treatment objectives. Recommendation is for denial.

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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