

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/13/2013  
Date of Injury: 7/8/2011  
IMR Application Received: 8/23/2013  
MAXIMUS Case Number: CM13-0015759

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]  
/MCC

## 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 has a date of injury of 7/08/2011. The patient's diagnoses include: cervical spine strain/sprain, cervical spine r/o discopathy, and bilateral carpal tunnel syndrome. The progress report dated 6/13/13 by Dr. [REDACTED] noted that the patient continued to complain of persistent symptoms. Exam revealed tenderness to palpation over the cervical paraspinal and trapezius muscles. Pain was reported upon range of motion testing of the neck. Tinel's sign was positive at the wrists bilaterally. The treatment plan was for physical therapy x 12 and also medications.

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

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

**1. Physical therapy two times a week for six weeks for the cervical spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the California MTUS Guidelines, pages 98-99, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. The Guidelines also allow for a fading of treatment frequency, in addition to active self-directed home physical medicine. A progress report dated 6/13/13 included in the medical records provided for review noted that the employee continued to complain of persistent symptoms. Exam revealed tenderness to palpitation over the cervical paraspinal and trapezius muscles. Pain

was reported upon range of motion testing of the neck. Tinel's sign was positive at the wrists bilaterally. The treatment plan was for physical therapy 2 times a week for 6 weeks in addition to the use of medications. A progress report dated 4/8/13 noted that the employee had shown improvement with increased range of motion and an improvement of symptoms with physical therapy, and an additional 8 sessions were requested. The 12 physical therapy visits requested exceeds the recommended number of visits. **The request for physical therapy two times a week for six weeks for the cervical spine is not medically necessary and appropriate.**

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.

[REDACTED]  
[REDACTED]  
[REDACTED]

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