

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/14/2013
Date of Injury:	1/17/2013
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017668

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 additional visits of physical therapy for the cervical spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **6 additional visits of physical therapy for the cervical spine 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 Physical Medicine and Rehabilitation, and Neuromuscular Medicine and is licensed to practice in Maryland. 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.

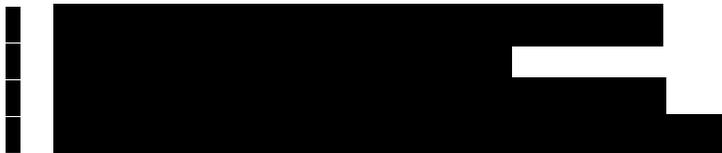
Expert Reviewer Case Summary:

The patient's injury date 1/17/13. He was riding his motorcycle as a police officer and fell off. Patient had multiple injuries including his right shoulder and cervical spine. Cervical spine MRI dated May 7, 2013: C5-6 a 3 to 4 mm central disk extrusion with moderate cord indentation and encroachment. There is marked left foraminal stenosis. C6-7 shows a 3 mm central disk protrusion with mild cord encroachment. C7 -T1 shows a 2 mm broad based disk bulge with annular tear. There is a post op note from 9/6/13 that indicates patient had a right shoulder arthroscopic surgery posterior labral repair involving right shoulder arthroscopy with limited intraarticular debridement. A note by [REDACTED] dated 6/24/13 indicates, "He has had some physical therapy for his neck but only 6 visits. They have been alternated with his shoulder and his neck. He has had traction, both mechanical and manual, which has helped significantly." [REDACTED] in his 07/22/13 reports ongoing neck pain with left radicular symptoms that have been resistant to conservative care. He requests a CESI which is indicated and approved. On 07/09/13 a request from [REDACTED] for 12 additional sessions was modified to six. In the new report from [REDACTED] he states the physical therapy (PT) is helping but also requests the CESI and continues the patient on a TTD status. On examination by [REDACTED] 9/4/13 patient's strength shows focal weakness in the left biceps and left wrist extension. Based on the lack of functional improvement, the request for additional 6 visits was again modified to 2 visits (which is the number per ODG appropriate post injections) by prior reviewer on 8/14/13. Per PT documentation dated 8/9/13 "Subjective and Patient Goals: patient reports that he has improved with his ability to look over his left shoulder. He also feels that his cervical spine strength has improved with improved tolerance to strengthening exercises." Range of Motion (ROM)/MMT: Forward Flexion: AROM-B: 45°, Lateral Flexion Left: AROM-L: 35°, Extension: AROM-B: 35°, Lateral Flexion Right: AROM-R: 45°, Rotation Right: AROM-R: 70°. Rotation Left: AROM-L: 50° Previous ROM/MMT Results from 7/15/2013: Flexion: AROM-B: 45°, Lateral Flexion Left: AROM-L: 20° Extension: AROM-B: 30°, Lateral Flexion Right:

AROM-R: 45°,Rotation Right: AROM-R: 70°,Rotation Left: AROM-L: 35°.Previous Special Test Result from 7/15/2013: Gait/Balance and Functionality Test:Oswestry Neck Index: 44/100 Other: Grip Strength L = 100 lbs , R= 120. Previous Gait/Balance results for 7/15/2013: Oswestry Neck Index: 21.6/100 Other: Grip Strength L =120 lbs , R= 80 lbs.Previous Oswestry 40/100. Post operatively he had 12 sessions of PT for his shoulder. He had 6 cervical spine sessions. The issue is whether 6 additional visits for PT of the cervical spine was medically necessary.

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:



1) Regarding the request for 6 additional visits of physical therapy for the cervical spine

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 ACOEM Guidelines, Second Edition, Chapter 8 – Neck and Upper Back Complaints, page 174, Table 8-5, which is a part of the MTUS, and the Official Disability Guidelines (ODG) Physical Therapy Guidelines, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pg 98, which is a part of the MTUS.

Rationale for the Decision:

The MTUS guidelines allow for up to 10 visits for the employee’s condition. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. The medical records reviewed indicate the employee has had 6 visits already for the cervical spine (12 post op visits were completed after shoulder surgery). The request for an additional 6 visits exceeds guideline recommendations.

The MTUS definition of “Functional improvement” indicates either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management.. and a reduction in the dependency on continued medical treatment.

The records document some benefit with decreased pain, increased cervical spine strength, increased range of motion and increased ability to look over the left shoulder; however, there was no evidence of functional improvement as defined by MTUS. **The request for 6 additional visits of physical therapy for the cervical spine 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



/sab

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.