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## Independent Medical Review Final Determination Letter

1798

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

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0018120	<b>Date of Injury:</b>	1/21/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	8/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	8/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	97110		

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 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 underlying date of injury in this case is 1/21/2012. The treating diagnosis is 847.0. The patient is a 61-year-old woman with an injury to her left shoulder and cervical spine which occurred when getting off of a train. Previously the patient received 16 physical therapy visits. An initial physician review noted there was no documentation that this patient is an outlier for the underlying guidelines and that the treatment request would be excessive at this time.

### 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 per week for four weeks in treatment to the cervical spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, page 99.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, page 98, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine recommends "Allow for fading of treatment frequency plus active self-directed home physical medicine." The guidelines anticipate that this patient would have transitioned by now to an independent active rehabilitation program. The medical records at this time do not provide a rationale as to why this patient otherwise would require additional supervised therapy. At this time this request is not medically necessary.

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]

CM13-0018120