

**MAXIMUS FEDERAL SERVICES, INC.**

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

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

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0018725	<b>Date of Injury:</b>	12/12/2005
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/30/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] M.D.		

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]  
[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 Orthopedic Surgery and is licensed to practice in Texas. 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 63-year-old female who reported injury on 12/12/2005 with the mechanism of injury being a fall. The patient was noted to have a lumbar spine surgery of L3, L4, and L5 in 2010. The patient was noted to have mild tenderness to palpation over the Achilles tendon and subtalar joint and lateral gutter with attempted dorsiflexion. Diagnoses were noted to include right foot drop. The request was made for 6 additional physical therapy sessions for the foot.

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

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

#### **1. The additional physical therapy is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

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

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend physical medicine treatment for myalgias and myositis for 9 visits to 10 visits over 8 weeks. The clinical documentation submitted for review indicated the physician was requesting 6 additional sessions of physical therapy, and the request was noted to be for additional postoperative physical therapy 2x4 with an unknown body part. While it was noted the employee had 4 physical therapy sessions remaining as of 06/18/2013, the clinical documentation submitted for review failed to provide the employee's objective response to physical therapy and the necessity for additional therapy with an objective re-assessment post physical therapy treatment. The submitted request was for post-operative therapy for an

unspecified body part and the employee's surgery was for her back and was in 2010. The employee was noted to have developed foot drop after the surgery per the documentation. Given the lack of clarity and lack of a specified body part, the physical therapy is not medically necessary. **The request for an additional six sessions of physical therapy is not medically necessary and appropriate.**

/dso

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]

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