
Notice of Independent Medical Review Determination

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/13/2013

2/29/2012

7/16/2013

CM13-0001630

- 1) MAXIMUS Federal Services, Inc. has determined the request for 16 physical therapy sessions for the cervical spine (2 times a week for 8 weeks) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 16 physical therapy sessions for the cervical spine (2 times a week for 8 weeks) **is 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 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 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.

PT progress report dated 06/04/13 indicates that the claimant underwent hardware removal on 02/12/13. The claimant complains of pain in the neck with limited range of motion, increased dizziness, and weakness in upper body. The claimant is really trying to work on exercises at home. There is intermittent stiffness in the neck with decreased cramping in thoracic spine with strengthening exercises. There is left sided muscular hypertrophy in cervical paraspinal and great difficulty with converge/diverge exercises. The claimant is guarded with active cervical rotation. The claimant has been compliant with therapy and goals have been partially met at 50 percent. The provider recommends continued therapy.

Progress note dated 07/01/13 indicates that the claimant sustained traumatic brain injury with cervical fracture on 02/29/12. Even with low lighting in room, eyes often close.

Review of claim notes that the claimant was approved for 6 physical therapy visits on 03/05/13. The claimant was also approved for 12 sessions of continued post operative physical therapy for the cervical spine on 04/16/13.

The claimant is in some emotional distress and visible pain. The provider recommends MD for medication and medical issues.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 13, 2013.

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:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/13/13)
- Chronic Pain Medical Treatment Guidelines (2009), pages 98-99

Note: The Claims Administrator did not submit medical records for this case.

1) Regarding the request for 16 physical therapy sessions for the cervical spine (2 times a week for 8 weeks):**Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Neck and Upper Back Chapter, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Postsurgical Treatment Guidelines, Neck and Upper Back section, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a traumatic brain injury with a cervical fracture on 2/29/2012 and has experienced neck pain with limited range of motion, increased dizziness, and upper body weakness. The employee has previously been approved for a trial of 6 physical therapy sessions and 12 additional post operative sessions were authorized on 4/16/2013, for a total of 18 sessions. A request was submitted for 16 additional physical therapy sessions for the cervical spine.

There were no medical records submitted in this case. The utilization review determination indicates the employee has been approved for 18 physical therapy sessions and has shown improvement. The Postsurgical Treatment Guidelines indicate 34 physical therapy sessions over 16 weeks are appropriate following a fracture of the vertebral column without a spinal cord injury. The utilization refers to the 12 physical therapy sessions approved on 4/16/2013 as “post operative.” The additional 16 sessions are within the guideline recommended amount. The request for 16 physical therapy sessions for the cervical spine (2 times a week for 8 weeks) is 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
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/dj

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.