

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	1/11/2011
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002459

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 6 weeks lumbar for transition from aquatic to land based therapy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 physical therapy 2 times a week for 6 weeks lumbar for transition from aquatic to land based therapy **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 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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 18, 2013:

“As per the referral, this 49 year old male has a date of injury of 1/11/11. The claimant has attended 26 aquatic therapy visits to date. PI note dated 6/26/13 notes the claimant feels improvement with aquatic treatment. Exam shows decreased range of motion of the lumbar spine and decreased strength in the lower extremities. The claimant was progressing well with improvement in lower extremity strength. The plan is for transition to land therapy.

The request for twelve sessions to the lumbar spine to transition from aquatic to land based therapy is not medically necessary.

As per California MTUS, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The guideline criteria have not been met. The claimant was noted with complaints regarding the low back and has attended 26 physical therapy visits to date. The claimant was noted with improvement in lower extremity strength. Furthermore, there was no documentation of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. In consideration of the foregoing issues and the referenced guidelines, the medical necessity of the requested 12 physical therapy visits is not established at this time.”

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 (received 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/18/2013)
- Employee Medical Records from [REDACTED], Inc. [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for physical therapy 2 times a week for 6 weeks lumbar for transition from aquatic to land based therapy:

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, page 98, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, pages 98-99, Physical Medicine, part of the MTUS, to be applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury on 1/11/11. A review of the medical records provided indicates the employee has attended 26 aquatic therapy visits to date. A progress report dated 6/26/13 notes the claimant feels improvement with aquatic treatment. Exam shows decreased range of motion of the lumbar spine and decreased strength in the lower extremities. The claimant was progressing well with improvement in lower extremity strength. A request was submitted for physical therapy 2 times a week for 6 weeks of the lumbar for transition from aquatic to land base therapy.

MTUS Chronic Pain Medical Treatment Guidelines indicate that for myalgia and myositis, 9 to 10 visits over 8 weeks is reasonable. For neuralgia, neuritis and radiculitis, 8 to 10 visits over 4 weeks is considered reasonable. The medical records reviewed document that the employee has already undergone 26 physical therapy visits with continued deficiencies in core strength. There is lack of documentation supporting significant improvement. The request for physical therapy 2 times a week for 6 weeks of the lumbar for transition from aquatic to land base therapy **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;

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

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/db

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.