
Notice of Independent Medical Review Determination

Dated: 10/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 2/22/2013
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002896

- 1) MAXIMUS Federal Services, Inc. has determined the request for twelve (12) physical therapy visits to the lumbar spine and right shoulder between 7/11/13 and 8/25/13 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 twelve (12) physical therapy visits to the lumbar spine and right shoulder between 7/11/13 and 8/25/13 **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 Preventative Medicine and Occupational Medicine, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013:

“DOI: 2/22/2013. Patient is a 57-year-old male laborer who sustained a work-related injury when he slipped and fell down the stairs injuring his back. Per OMNI, he had a contusion of the back. Per progress report dated 7/3/13, patient reported that he still feels throbbing pain in his lower back and shoulder which he described as sharp at times and it is like he has pain in the nerve. He stated that medications help decrease his pain along with physical therapy. Upon physical examination, there is decreased reflex of the right Achilles. There is also tenderness noted over the right shoulder and lumbar spine. He also has weakness of the right shoulder and right leg. Ranges of motion of the right shoulder have mildly improved. Patient was diagnosed with lumbosacral neuritis and joint derangement of the shoulder. Norco was dispensed. Plan is to continue physical therapy. Per verification, patient has already completed 7 sessions of physical therapy for the lumbar spine and right shoulder after he started in April 2013. Current request is 12 Physical Therapy Visits to the Lumbar Spine and Right Shoulder between 7/11/2013 and 8/25/2013.”

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 (received 7/11/2013)
- Utilization Review Determination from [REDACTED] (dated 7/11/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for twelve (12) physical therapy visits to the lumbar spine and right shoulder between 7/11/13 and 8/25/13:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), Low Back Chapter, Physical Therapy, a medical treatment guideline not 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, Functional Restoration Approach to Chronic Pain Management, page 8 and Physical Medicine, page 98 and 99, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 2/22/13 resulting in chronic low back pain. The medical records submitted for review indicate treatments have included: oral analgesic medications, TENS units, and use of a cane. A submitted medical report dated 7/3/13 documents that the employee continues to experience persistent low back and shoulder pain. The request is for twelve (12) physical therapy visits to the lumbar spine and right shoulder.

MTUS Chronic Pain Medical Treatment Guidelines endorse a general course of 9 to 10 sessions of physical therapy treatment for myalgias and/or myositis of various body parts and endorse extension of treatment if there is clear evidence of functional improvement. The medical records provided for review do not document decreased work restrictions, improved performance of activities-of-daily living, and/or decrease in the dependence on medical treatment. The records indicate the employee is considering an epidural steroid injection and is still using Norco for pain relief, which does not support diminished reliance on medical treatment. The request for twelve (12) physical therapy visits to the lumbar spine and right shoulder **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

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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.