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**Notice of Independent Medical Review Determination**

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/19/2013  
Date of Injury: 8/30/2006  
IMR Application Received: 7/26/2013  
MAXIMUS Case Number: CM13-0002911

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 physical therapy visits **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 12 physical therapy visits **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 & 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 19, 2013.

“The patient is a 57 year old female with a date of injury of 8/30/2006. Under consideration are prospective requests for 12 physical therapy visits and one follow-up visit.

“Review of submitted documentation indicated that the patient was last re-evaluated on 6/24/13. Subjective findings included right shoulder and neck pain described as 5/10 in intensity and occurring during 50-75% of the day, with occasional pain that travels from the right side of the neck. Physical examination revealed limited cervical range of motion in all planes, limited right shoulder flexion and abduction, hypersensitivity and hypomobility at C2-3 and C4-5, muscle guarding at C4-5 and C5-6 primarily in the right paravertebral musculature, and an inability to withstand manual palpation over the right acromioclavicular joint. Upper extremity deep tendon reflexes were normal except for a diminished +1 right biceps reflex. Muscle strength of cervical spine and upper extremities was normal bilaterally, except for a +4/5 left supraspinatus muscle and +4/5 right shoulder abduction. The following orthopedic tests were noted to be positive: cervical compression on the right, shoulder depression bilaterally, cervical distraction bilaterally, and supraspinatus press on the right. The patient was diagnosed with resolving exacerbations of a post-traumatic chronic right shoulder sprain and chronic cervical sprain, both secondary to 8/30/06 industrial injury. Prior exacerbations of the patient’s chronic pain have been treated with chiropractic therapy. The provider noted that the patient demonstrated improved range of motion and strength on 6/24/13 since the last evaluation on 5/1/13 when she was experiencing a new moderate exacerbated status.

“Regarding chiropractic therapy, current evidence-based treatment guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient’s therapeutic exercise program and return to productive activities. The use of active treatment modalities instead of passive treatment is associated with substantially better clinical outcomes. Active treatments also allow for fading of treatment frequency along with active self-directed home physical therapy, so that less visits would be required in uncomplicated cases. In general, one to two treatments for recurrences/flare-ups may be appropriate every four to six months if prior treatment had been successful, including whether a return to work has been achieved.

“In this particular case, available documentation from a 4/9/13 evaluation indicated that the patient had been receiving ongoing chiropractic treatments, with a total of 22 sessions at that time. The patient had previously presented to the chiropractic treatments, with a total of 22 sessions at that time. The patient had previously presented to the chiropractor on 1/7/13, 2/11/13, and 3/18/13 due to exacerbations of her chronic pain, and 12 treatment sessions were recommended on each occasion. On 5/1/13, the patient again presented as a result of an exacerbation of her chronic neck and shoulder pain, and 12 additional sessions were again recommended. While there is no specific indication that the patient attended these sessions, the provider reported on 6/24/13 that the patient was responding favorable, her exacerbation was resolving, and she was to continue with treatment. However, guidelines generally recommend up to 18 sessions over six to eight weeks for chronic pain, then one to two visits every four to six months for flare-ups if prior treatment has been successful. The provider has again requested 12 chiropractic visits consisting of passive and active treatment modalities.

“As such, the current plan of care is not consistent with guideline recommendations. In addition, there is not sufficient evidence that previous treatment has provided significant sustained functional improvement. It also appears that that patient should have been fully instructed in an independent active physical therapy program to maintain and progress her functional abilities. Based on this discussion, the request for 12 physical therapy visits is recommended non-certified.”

**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 (7/26/13)
- Utilization Review from [REDACTED] (7/19/13)
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for 12 physical therapy visits:**

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), Manual Therapy & Manipulation Section, which is 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 8/30/2006 and has experienced right shoulder and neck pain with occasional pain that travels from the right side of the neck. The medical records received and reviewed indicate limited cervical range of motion in all planes, limited right shoulder flexion and abduction, hypersensitivity and hypomobility. The utilization review determination letter notes that the employee was diagnosed with resolving exacerbations of a post-traumatic chronic right shoulder sprain and chronic cervical sprain. Treatment has included 22 ongoing chiropractic sessions that have included physical therapy modalities. A request for 12 physical therapy visits was submitted.

The medical records submitted failed to document objective evidence that previous treatment had provided sustained functional improvement for the employee. The MTUS Chronic Pain Guidelines indicate with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is supported. The employee has far exceeded utilization of chiropractic/physical therapy since status post a work-related injury. The documentation does not support the request. The request for 12 physical therapy visits 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  
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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.