

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	4/21/2005
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005711

- 1) MAXIMUS Federal Services, Inc. has determined the request for retrospective thirty-eight physical therapy sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 retrospective thirty-eight physical therapy sessions 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 Preventive 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.

Expert Reviewer Case Summary:

The applicant, Mr. [REDACTED], is a 59-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 21, 2005.

Thus far, he has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; 13% whole-person impairment rating; prior inguinal hernia repair surgeries; and extensive periods of time off from work, which have apparently resulted in the applicant being removed from the workplace; unspecified epidural steroid injections; topical compound.

In utilization review report of July 13, 2013, the claims administrator retrospectively non-certified 38 sessions of physical therapy between November 2012 and June 22, 2013.

It is noted that the applicant remained off work during the entire time frame. On an August 28, 2012, progress note, the applicant was described as off work, on total temporary disability. On August 24, 2012, the applicant was using Voltaren gel, pursuing epidural steroid injections, and ilioinguinal nerve blocks.

On May 20, 2013, it was again stated that the applicant was off work. A prior note of April 30, 2013, also stated that the applicant was off work; and an April 23, 2013, progress note suggested that the applicant considered further spine surgery.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for retrospective thirty-eight physical therapy sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg. 99, which is part of the MTUS.

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

Rationale for the Decision:

The 38 sessions of treatment represents a general course of therapy well in excess of 9 to 10 sessions recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that MTUS Chronic Pain Medical Treatment Guidelines physical medicine topic on pages 98 and 99 endorse active therapy, active modalities, tapering the frequency of treatment over time, and self-directed home therapy. A review of the records provided indicates that the 38 sessions of therapy, in addition to representing treatment while in excess of a guidelines, also represent treatment performed without any evidence of ongoing functional improvement. The employee failed to demonstrate any evidence of functional improvement as defined in MTUS 9792.20(f), which might justify any or all the treatment in question. During this time the employee remained off work, continued to be highly dependent on various medical treatments and medications, consulted with numerous providers in numerous specialties, etc., all suggest a lack of functional improvement as defined in MTUS. **The request for retrospective thirty-eight physical therapy sessions 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,

Paul Manchester, MD, MPH
Medical Director

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

/mg

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.