

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:	5/27/2011
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0006032

- 1) MAXIMUS Federal Services, Inc. has determined the request for **equipment-gymball, foam roll, and thera-band tubing 4 months HELP remote care reassessment and equipment** 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 8/26/2013. 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 **equipment-gymball, foam roll, and thera-band tubing 4 months HELP remote care reassessment and equipment 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 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 patient is a 43-year-old male who was injured on 9/23/10. The patient injured his low back and knee as a tractor driver. As of 3/8/13 the patient was working modified duty which included driving cars to a car wash. He is not lifting bending or stooping. He Does light office cleaning and states his pain increases at the end of the work shift. He stated then that he has problems dressing and bathing because of balance issues. The Primary Treating Physician report dated 7/18/13 states this patient finished six weeks of a HELP program and is more active and able to do more. He continues to take medications. HELP final evaluation states the patient has met objective goals of the program.

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 equipment-gymball, foam roll, and thera-band tubing 4 months HELP remote care reassessment and equipment :

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, Chronic Pain Programs, pg.30-31, which are part of the MTUS.

The Expert Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs, pg.31, which are part of the MTUS.

Rationale for the Decision:

MTUS guidelines for chronic pain programs for functional restoration programs state that the programs should not exceed 20 days. The medical records submitted for review indicate that the employee has already had 6 weeks of care. In order for additional treatment, guidelines state that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the request outlined the strategies used in remote care, but failed to include specific reasoning or an individualized care plan for the employee. Moreover, the documentation submitted for review did not give risk factors for loss of function nor was there any chronicity of disability addressed. There were also no compelling objectives or reasons for continuation of the functional restoration program beyond guidelines. **The request for equipment-gymball, foam roll and thera-band tubing 4 months HELP remote care 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

/th

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.