

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	3/21/1989
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006539

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 9 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 9 weeks **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 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 IMR application shows the patient was injured on 3/21/1989 and is disputing the 7/16/13 UR decision to deny physical therapy (PT) 2x9. The UR decision to deny PT was due to not having any medical reports to review. For IMR, there are 235 pages of records available. There is a 6/26/13 report from Dr [REDACTED], stating the patient has another urinary tract infection (UTI) and gets catheter-related infections about every month. He notes that Dr [REDACTED] will take the workers comp insurance. There are some PT notes, from July 2012 through Dec. 2012, and there are over 20 sessions apparently relating to the feet and knees. The patient has diagnoses including Guillen Barre's syndrome, and frequent UTI's. She is 82 years old. The mechanism of onset for the industrial injury is not clear.

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 physical therapy 2 times a week for 9 weeks:

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 American College of Occupational and Environmental Medicine (ACOEM), pages 65 and 114, the Post-surgical Guidelines, Low Back, which are part of the MTUS and the Official Disability Guidelines (ODG), Physical Therapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines recommend 8-10 visits, over 4 weeks for myalgia and neuralgia, conditions. The UR used the Post-surgical guidelines to support their decision; however, the submitted medical records do not indicate that the employee has had recent surgery. The records do not indicate that the employee has been diagnosed with Reflex Sympathetic Dystrophy (RSD). The records note the employee had physical therapy treatments in 2012 that exceeded the guideline recommended 8-10 visits. The current request of 19 sessions exceeds guideline recommendations and the records reviewed do not document the medical necessity for continued physical therapy treatments. **The request for physical therapy 2 times a week for 9 weeks 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

/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.