

Independent Medical Review Final Determination Letter

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0008696	Date of Injury:	01/26/2011
Claims Number:	[REDACTED]	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/0/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:	Physical therapy two (2) times a week for six (6) weeks		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48 YO, 5'1", approx. 159 lbs., RHD, female that is employed by [REDACTED] and performs computer work, filing, stocking and phones. There are 2 injuries, one in 1992 that is described as a work-related MVA that required a C5/6 ACDF in either 2002 or 2003. There was another injury on 1/26/11 that is described cumulative trauma from performing computer and office work. Dr. [REDACTED] evaluated the patient on 1/28/13, where he states the patient had the C5/6 fusion in May 2002. On Dr. [REDACTED] 3/25/13 report, there was a record review of [REDACTED] 2/21/11 report that states the C5/6 fusion was in 2003. On the 5/8/13 report, Dr. [REDACTED] notes the patient had ACDF C5/6 for an injury that occurred on 1/26/11. Then on the 6/19/13 report, Dr. [REDACTED] notes the ACDF C5/6 was on 1/26/13, and that the symptoms are returning. The 8/26/13 report states the fusion was back in May 2002.

RECORDS:

8/26/13 [REDACTED], MD, DOI=1/26/11. Initial evaluation on 1/28/13. Prior Hx of industrial MVA in 1992 and had ACDF at C5/6 in May 2002. Good recovery. She started having neck pain and bilateral upper extremity numbness in 2010 and filed a cumulative trauma injury in Jan. 2011. She has had a total of 8 PT sessions while under my care for the past 8 months which filed to resolve her symptoms. She has been using Flexeril and Lidoderm patches. Requests revision ACDF at C5/6 and extend the fusion to C4/5 and C6/7.

8/21/13 PT note, had 3 sessions of PT, PT only provides temporary relief.

6/19/13 [REDACTED] MD she was last seen on 5/8/13. She had 6 sessions of PT and has been approved for 2 additional. She has a significant reduction in neck pain and improved ROM after 6-sessions of PT. To recap, she underwent ACDF C5/6 on 1/26/2013. She has begun to experience return of neck pain and bilateral arm numbness, tingling and weakness.

5/8/13 [REDACTED] MD states she had ACDF C5/6 for an injury that occurred during the course of employment on 1/26/11.

3/25/13 [REDACTED] MD, neck pain radiating to both arms, radiographs suggest psuedoarthrosis at C5/6. Record review notes the 2/21/11 [REDACTED] states the s/p fusion C5/6 in 2003.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical therapy two (2) times a week for six (6) weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines, pgs. 98-99, Physical Medicine.

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

The Physician Reviewer's decision rationale:

The medical reporting on this case shows different dates for the C5/6 ACDF. The dates range from 2002 through 1/26/13. If the surgery were on 1/26/13, then the MTUS postsurgical treatment guidelines would apply as the 7/15/13 request for PT would still be in the 6-month postsurgical physical medicine treatment timeframe. It appears more likely that there are typographical or transcription errors on Dr. [REDACTED] recent reports, and that the prior surgery at C5/6 was performed in 2002 or 2003, which was related to the industrial MVA that Dr. [REDACTED] initially mentioned after reviewing the [REDACTED] records. Therefore, the patient is not in a postsurgical timeframe, and the MTUS Chronic pain guidelines apply for PT. MTUS recommends 8-10 sessions for various neuralgias, such as the current presentation described by Dr. [REDACTED]. The request for 12 sessions of PT will exceed the MTUS recommendations of 8-10 sessions, and it therefore not in accordance with MTUS.

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.

[REDACTED]

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