

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	3/15/2007
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008746

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 3 times per week for 6 weeks, cervical lumbar is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 3 times per week for 6 weeks, cervical lumbar** 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, has a subspecialty in Neuromuscular 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:**

Patient is a 55-year-old who had a work injury on 3/15/2007. The mechanism of injury was an altercation at work. Medications included hydrocodone, naproxen, omeprazole, and Cymbalta. Surgical history was a neural stimulator implantation in 10/2012. Diagnostic studies were not provided in the medical records. Other therapies included physical therapy, and psychotherapy. The patient had complained of neck pain for the last 5 years. The patient stated that the pain was there constantly and was aching, sharp, radiating, and throbbing. The pain radiates to the left shoulder, left arm, and left forearm. The pain gets worse in the cold and with movement. The patient reported laying down and heat help relieve some of the pain. The physical therapy evaluation that was dated 07/10/2013 showed neck and lumbar pain that radiates, down the left arm, fingers 3-5 are hard to use. The patient had constant tingling in bilateral upper extremities. Observations showed left knee buckling during gait and decrease lumbar lordosis. The right and left upper extremities showed decreased strength. Given the deficits the patient would benefit from some physical therapy. However, the request for 18 sessions of physical therapy were deemed excessive and modified to 3 x week / 3 weeks. The guidelines recommend up to 9 sessions of physical therapy. The issue in this case is whether physical therapy 3 times per week for 6 weeks is medically appropriate.

### **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 3 times per week for 6 weeks, cervical lumbar:**

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, page 99, Physical Medicine Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section 9792, page 99, which is part of the MTUS.

Rationale for the Decision:

The request for 18 sessions of physical therapy is not medically appropriate as suggested in the Chronic Pain Medical Treatment Guidelines. **The request for physical therapy 3 times per week for 6 weeks, cervical lumbar 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.