

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	3/8/2013
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009779

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 3x4 to the neck, thoracic, lumbar, bilateral knees is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 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 3x4 to the neck, thoracic, lumbar, bilateral knees** 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 Maryland. 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:

On 3-8-2013, the patient, a 53 year old female, was driving a school bus and was broadsided by a vehicle which passed a stop sign. Patient lost her consciousness for unknown period of time. When she regained consciousness, she was laying on the side of the bus. She sustained multiple body injury including neck, shoulders, chest, back, knees, and she had laceration left hand and right leg. She also had a vertebral artery occlusion and was hospitalized for a while after the MVA.

The claimant has significant pain in the back, neck and also shoulder, and knees. It appears that there were confusion in the notes about the physical therapy treatment. Patient's request was denied prior in that there was not enough information on how many sessions she had in the past. Per documentation patient never had any formal physical therapy for this injury other than the 2 sessions provided at her home after she was released from the hospital. Therefore, a request for expedited authorization for her physical therapy was sent.

Based on the submitted medical records, the treatment request for expedited physical therapy 3x4 to the Neck, Thoracic, Lumbar, and bilateral Knees is not medically necessary; however, expedited physical therapy trial 2x3 to the Neck, Thoracic, Lumbar, and bilateral Knees was approved as being medically necessary as suggested by prior reviewer. The request for 12 sessions of physical therapy was modified to an initial six session course of therapy

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 3x4 to the neck, thoracic, lumbar, bilateral knees: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 Official Disability Guidelines (ODG), Physical Therapy Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99, which is part of the MTUS, and the Official Disability Guidelines, Preface and Physical Therapy, which is not part of the MTUS.

Rationale for the Decision:

Physical Therapy 3 x per week x 4 weeks to the neck, thoracic, lumbar and bilateral knees is not medically necessary. The ODG indicates that physical therapy is recommended for an initial six-visit trial. Employee's should be formally assessed after a "six-visit clinical trial" to see if the employee is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy. The requested 12 physical therapy visits exceed the guidelines recommendations. **The request for Physical therapy 3x4 to the neck, thoracic, lumbar, bilateral knees 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

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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.