

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Independent Medical Review Final Determination Letter

3026

[Redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0023323	Date of Injury:	02/15/2001
Claims Number:	[Redacted]	UR Denial Date:	08/22/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
CONTINUED PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS 8 VISITS			

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, 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 65-year-old female who reported an injury on 02/15/2001 with a mechanism of injury that was not provided. The patient was noted to have a great benefit from physical therapy. The diagnoses were noted to include lumbago, myalgia, and myositis unspecified. The request was made for physical therapy 2 times a week for 4 weeks.

IMR DECISION(S) AND RATIONALE(S)

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

1. Continued physical therapy 2 times a week for 4 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Second Edition, Acupuncture Treatment Guidelines, Chronic Pain Medical Treatment Guidelines, Post Surgical Treatment Guidelines and ACOEM's Elbow Disorders.

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

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend physical therapy for myalgia and myositis for 9 to 10 visits and to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical therapy. The clinical documentation as per the re-examination on 08/09/2013 revealed the patient had no deficits in the lower

extremities and the patient was noted to have decreased soft tissue tension and was noted to have tenderness in the bilateral lumbar paraspinals. The patient was noted to have improvement of 0% in the manual muscle testing of the left lower extremity and 1% in the right lower extremity. Clinical documentation dated 08/13/2013 revealed the patient was pleased with the results of physical therapy and would like to continue. However, clinical documentation submitted for review failed to provide the patient had remaining functional deficits that would be responsive to continued therapy. Clinical documentation indicated the request was to monitor the patient for a home exercise program. It was noted the patient had 6 sessions of physical therapy. Given the above, the request for physical therapy 2 times a week for 4 weeks is not medically necessary.

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]

CM13-0023323