

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.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the additional 6 acupuncture sessions requested **are not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective range of motion test requested **was not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/7/2013 disputing the Utilization Review Denial dated 5/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/10/2013. 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 additional 6 acupuncture sessions requested are not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective range of motion test requested was not medically necessary and appropriate.

Medical Qualifications of the Professional 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 Occupational 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the Doctor's First Report of Occupational Injury or Illness dated January 29, 2013.

DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED

On January 25, 2013, the patient was performing his usual and customary job duties as an energy technician with [REDACTED]. When leaving a gate in the rain, he slipped and fell when his foot became unstable. He fell backwards onto left upper extremity. He noticed increasing pain in his right shoulder.

The patient denies any additional injuries and/or complaints other than increasing right shoulder pain. Prior to the incident that occurred on January 25, 2013, his right shoulder pain was at a level of 4 out of 10 with 10 being the worst imaginable pain. Following the incident that occurred on January 25, 2013, his right shoulder pain increased to a level of 9 out of 10. On Monday, January 28, 2013, the patient reported his symptoms to his employer, [REDACTED]. His employer subsequently placed him on light duties.

The patient denies any medical care and/or treatment following the work-related injury that occurred on January 25, 2013.

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 for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 5/28/13)
- Employee's Medical Records by [REDACTED] (dated 1/29/13 through 5/8/13)
- Acupuncture Medical Treatment Guidelines (2009)
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 8: Neck and Upper Back

1) Regarding the request for additional 6 acupuncture sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines (2009), of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator and Section 9792.20f of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision

The employee was injured 1/25/2013 and experienced shoulder pain, wrist pain, and wrist tenosynovitis. Thus far, the employee has been treated with the following: analgesic medications; six sessions of acupuncture; transfer of care to and from various providers in various specialties; MRI arthrogram of the shoulder (which is notable for degenerative changes, bursitis, and acromioclavicular degenerative joint disease); extensive periods of time off of work, and is on total temporary disability.

The Acupuncture Medical Treatment Guidelines indicate acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f) of the MTUS. Section 9792.20 defines "functional improvement" as either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam.

The guidelines suggest that time needed to produce functional improvement following an introduction of acupuncture are three to six treatments. In this case, the employee has already had six treatments of acupuncture to date. It does not appear that the employee has improved in terms of performance in activities of daily living or reduction in work restrictions AND experienced a reduction in dependency on continued medical treatment. While the employee has apparently reduced consumption of tramadol, there is no evidence that the employee has improved in terms of performance of activities of daily living or work status. In terms of activities of daily living, it appears a significant physical impairment and deficits involving the injured shoulder persist, including significantly limited range of motion and strength. The employee has also failed to return to work and remains on total temporary disability. The requested additional 6 acupuncture sessions are not medically necessary and appropriate.

2) Regarding the request for retrospective range of motion test:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition,

(2004) – Chapter 8: Neck and Upper Back Complaints (table 8-8) and Chapter 11: Forearm, Wrist, and Hand Complaints (table 11-7), of the Medical Treatment Utilization Schedule (MTUS). The provider relied on ACOEM – Chapter 9: Shoulder Complaints (table 9-5) which is part of the MTUS. The Professional Reviewer found ACOEM – Chapter 9 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision

The employee was injured 1/25/2013 and experienced shoulder pain, wrist pain, and wrist tenosynovitis. Thus far, the employee has been treated with the following: analgesic medications; six sessions of acupuncture; transfer of care to and from various providers in various specialties; MRI arthrogram of the shoulder (which is notable for degenerative changes, bursitis, and acromioclavicular degenerative joint disease); extensive periods of time off of work, and is on total temporary disability.

Range of motion testing is part and parcel of the initial evaluation and physical examination, which, per ACOEM – Chapter 9, should be determined both actively and passively. ACOEM does not specifically endorse computerized range of motion testing outside the usual and customary physical examination. The requested retrospective range of motion test 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.