

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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(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 requested Acupuncture **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested referral to an Orthopedist for Magnetic Resonance Imaging (MRI) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/13/2013. 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 requested Accupuncture **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested referral to an Orthopedist for Magnetic Resonance Imaging (MRI) **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 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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 14, 2013.

“██████████ is a 59 year old field assistant manager who sustained Injury while directing traffic when he was hit by a car and fell to the ground and rolled over on the right shoulder on date of Injury, 2/15/13. He is allowed to work modified duty. The carrier has accepted the claim for the right upper arm (clavicle and scapula). The Initial evaluation at ██████████ on 2/15/13 indicated a history of motor vehicle accidents; it is unclear if Mr. ██████████ was referring to this Incident, or another. One-half of the review of systems on that date was not completed. The clinical notes are difficult to read due to handwriting not being legible.”

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 by ██████████ (dated 5/14/13)
- Employee's Medical Records by ██████████ (dated 2/15/13 thru 5/23/13)
- Employee's Medical Records by ██████████ (dated 5/1/13)
- Employee's Medical Record by ██████████ (dated 2/15/13)
- Chronic Pain Medical Treatment Guidelines – Division of Workers' Compensation and Official Disability Guidelines References (2009), pg 58-60
- Official Disability Guidelines (ODG), Shoulder Chapter

- Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg 203-208

1) Regarding the request for Accupuncture:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, pg 203-208 of the Medical Treatment Utilization Schedule, the Official Disability Guidelines (ODG) (2009), Shoulder Chapter, and Chronic Pain Medical Treatment Guidelines (2009), pg 58-60. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines provided by the claims administrator do not appropriately address the employee's clinical circumstance. The Expert Reviewer stated the Acupuncture Guidelines in 9792.24.1 of the Medical Treatment Utilization schedule address the topic at hand and was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee is a field assistant manager who sustained a work related injury on 2/15/13. The employee has failed to improve in terms of performance of activities of daily living, work status, work restrictions or reliance on medical treatment. Her work restrictions have not seemingly changed from visit to visit. The MTUS Acupuncture Medical Treatment Guidelines in 9792.24.1 states that acupuncture may be extended if functional improvement is documented as defined in 9792.20f. In this case, however, there is no evidence of said functional improvement. Therefore, the request for extension of acupuncture is not medically necessary and appropriate.

2) Regarding the request for referral to an Orthopedist for Magnetic Resonance Imaging (MRI) :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, pg 203-208, of the Medical Treatment Utilization Schedule, the Official Disability Guidelines (ODG) (2009), Shoulder Chapter, and the Chronic Pain Medical Treatment Guidelines (2009), pg 58-60. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines provided by the claims administrator do not appropriately address the employee's clinical circumstance. The Expert Reviewer stated that Chapter 9 of the ACOEM Guidelines, second edition, (2004) 9792.23.2. Shoulder Complaints, pg 207-209, of the Medical Treatment Utilization Schedule address the topic at hand and was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee is a field assistant manager who sustained a work related injury on 2/15/13. The employee has failed to improve in terms of performance of activities of daily living, work status, work restrictions or reliance on medical treatment. Her work restrictions have not seemingly changed from visit to visit. While the ACOEM Guidelines through Chapter 9, shoulder complaints, surgical consideration do endorse surgical consultation in those individuals such as the employee, who have failed conservative treatment and have evidence of a lesion, which might be amenable to surgical correction, in this case, however, the attending provider has requested an orthopedic consultation for the proposes of obtaining repeat MRI imaging. Moreover, the applicant has already had positive MRI imaging on May 1, 2013. No compelling rationale has been put forth for repeat MRI imaging at this point in time. The prior shoulder MRI was positive and did seemingly establish the presence of a lesion, which might be amenable to surgical correction. No compelling case has been made for repeat imaging at this point in time. Therefore, the request for referral to an Orthopedist for Magnetic Resonance Imaging (MRI) 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

/ldh

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.