

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/9/2013
Date of Injury:	10/12/2005
IMR Application Received:	8/19/2013
MAXIMUS Case Number:	CM13-0010030

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional acupuncture is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/19/2013 disputing the Utilization Review Denial dated 8/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **additional acupuncture, qty: 12 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy, qty: 12 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:

Patient is a 53 year old female Psych Tech who had injuries from an assault on 10/12/05 at work injuring her neck, right shoulder upper back area, and right upper arm, right elbow. The patient underwent arthroscopic examination with subacromial decompression and mini open right rotator cuff repair in 2009. She is currently not working. The issue presented is if patient is medically appropriate for more acupuncture and more physical therapy (PT).

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 additional acupuncture, qty:12:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Introduction, page 1 and Pain Outcome and Endpoints, page 9, which are part of MTUS.

Rationale for the Decision:

The Chronic Pain guideline states that “acupuncture treatments may be extended if functional improvement is documented. “Functional improvement” means either a clinically significant improvement in activities of daily Living or a reduction in work restrictions as measured during the physical exam performed and documented as part of the evaluation and management visits billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment.” Documentation submitted and reviewed show no objective finding of functional improvement or decreased medication. **The request for additional acupuncture, qty: 12 is not medically necessary and appropriate.**

2) Regarding the request for additional physical therapy, qty: 12

Bookmark not defined.:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines, Physical Medicine, pages 98-99, which is part of MTUS.

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

Rationale for the Decision:

The Chronic Pain guidelines indicate 9-10 visits over 8 weeks for Myalgia and myositis and 8-10 visits over 4 weeks for Neuralgia, neuritis and radiculitis. The employee does not meet the guidelines for additional physical therapy. The employee has had 4 PT visits in past however there are no objective measurement findings on documentation submitted that support medical necessity additional physical therapy (PT). **The request for additional physical therapy, qty: 12 are 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

/pas

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.