

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/20/2013
Date of Injury:	6/26/2008
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017877

- 1) MAXIMUS Federal Services, Inc. has determined the request for chiropractic physiotherapy two (2) times a week for six (6) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/20/2013. 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 chiropractic physiotherapy two (2) times a week for six (6) weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Doctor of Chiropractic who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor, 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.

Expert Reviewer Case Summary:

According to the available medical records, this is a 39-year-old patient with chronic left shoulder pain, mild lateral epicondylitis symptoms on the left elbow and left mild deQuervain's symptoms, date of injury 02/08/2011. The patient had surgery, left ASAD (arteriosclerotic artery disease), and on 01/20/2013, received medications and 18 chiropractic/physiotherapy to date. A PR-2 report dated 07/02/2013 by Dr. [REDACTED] revealed left shoulder pain with 5-7/10 on the pain scale, decreased range of motion and increased stiffness, left shoulder exam include range of motion (flexion: 150, abduction: 120, internal rotation: 70, external rotation: 70, adduction and extension: 40, motor strength is 5/5; left elbow exam revealed some minimal discomfort in the left lateral epicondylar region with gripping and resisted finger extension; left wrist and hand examination revealed full range of motion, positive for Finkelstein's.

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 chiropractic physiotherapy two (2) times a week for six (6) weeks:

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) Treatment Index, 9th Edition Web 2011, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 58–59, and the Post-Surgical Treatment Guidelines, Rotator cuff syndrome/Impingement syndrome, which are part of the MTUS.

Rationale for the Decision:

The employee has already had 18 chiropractic/physiotherapy visits with no medical records of these visits available for review, there is no objective measurable gains in functional improvement. On top of that, the guidelines recommendation for post surgical of the shoulder is 24 visits over 14 week. **The request for chiropractic physiotherapy two (2) times a week for six (6) weeks 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.