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**Notice of Independent Medical Review Determination**

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

2/27/2009

7/15/2013

CM13-0001443

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 2 times a week for 6 weeks Qty: 12.00 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for urine drug screen Qty: 1.00 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 physical therapy 2 times a week for 6 weeks Qty: 12.00 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for urine drug screen Qty: 1.00 **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 July 12, 2013:

██████████ is a 48 year old (DOB: 03/23/65) female employee for CA Dept of Corrections who was pulling a pallet jack full of merchandise through a dock door while at work on 02/27/09, injuring her neck and right shoulder. She is currently not working. The neck and right shoulder have been accepted by the carrier.”

### 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 (received 7/15/13)
- Utilization Review Determination (dated 7/12/13)
- Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, pgs. 98-99
- Chronic Pain Medical Treatment Guidelines (2009), Drug testing, pg. 43
- Medical Records from ██████████ (dated 7/13/12-2/21/13)
- MRI right shoulder and MRI left should report from ██████████ (dated 1/29/13)

- Operative Report from [REDACTED] (dated 5/3/13)
- MRI cervical spine, MRI right shoulder, MRI left shoulder Reports from [REDACTED] (dated 8/1/12-8/20/12)
- Shoulder treatment daily record from [REDACTED] (not dated)
- Toxicology Report from [REDACTED] (dated 10/22/12)
- PR-2 Report from [REDACTED] (dated 2/21/13)

**1) Regarding the request for physical therapy 2 times a week for 6 weeks Qty: 12.00 :**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, pgs. 98-99, part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/27/09 to the neck and right shoulder. The medical records provided for review indicates treatments have included: diagnostic imaging studies, right shoulder surgery, physical therapy, and medication management. The request is for physical therapy 2 times a week for 6 weeks Qty: 12.00.

The MTUS Chronic Pain Medical Treatment Guidelines states, "passive therapy...can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process". The guidelines support 9-10 visits over 8 weeks for myalgia and myositis. The records provided indicate the employee has had 16 physical therapy sessions plus home physical therapy prior to surgery, and 12 physical therapy sessions plus home physical therapy post-surgery and it is reasonable to expect to see benefit from these sessions. However, the records reviewed lack the documentation to show that the employee benefited from the previous therapy received, and there is no rationale provided to indicate the employee would benefit from further physical therapy sessions. Therefore, the request for physical therapy 2 times a week for 6 weeks Qty: 12.00 **is not medically necessary and appropriate.**

**2) Regarding the request for urine drug screen Qty: 1.00 :**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Drug testing, pg. 43, part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the

Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/27/09 to the neck and right shoulder. The medical records provided for review indicates treatments have included: diagnostic imaging studies, right shoulder surgery, physical therapy, and medication management. The request is for Urine drug screen Qty: 1.00.

The MTUS Chronic Pain Medical Treatment Guidelines recommend a urine drug screen as an option to test for presence of illegal drugs. The medical records provided for review do not indicate that the employee is on any opioids with the risk of abuse or misuse. Therefore, the request for Urine drug screen Qty: 1.00 **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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/hs

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.