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**pNotice of Independent Medical Review Determination**

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	3/13/2012
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001534

- 1) MAXIMUS Federal Services, Inc. has determined the request for J Tech computerized testing **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 home exercise kit for the shoulders **is 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 7/8/2013. 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 J Tech computerized testing **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 home exercise kit for the shoulders **is 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, 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 8, 2013.

“The patient is a 64-year-old male with a date of injury of 3/13/2012. Under, consideration is a request for 1 J tech computerized testing; 1 home exercise kit for shoulders.

“According to available records, the patient had diagnoses of cervical spine sprain/strain, 2-3 osteophyte and hypertrophic changes C5-6; left shoulder sprain/strain impingement syndrome, and left shoulder partial supraspinatus tear, per MRI. The patient presented with bilateral shoulder and neck pain with decreased range of motion. Current treatment had consisted of home exercise, which helped to increase range of motion and decrease pain.”

### **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 dated 7/15/2013
- Utilization Review Determination provided by [REDACTED] dated 7/08/2013
- Medical Records from 7/09/2012 through 5/02/2013

- Official Disability Guidelines (ODG), Current Version, Neck Chapter, Computerized Range of Motion ( Flexibility)
- Official Disability Guidelines (ODG), Current Version, Shoulder Chapter, Home Exercise Kits

**1) Regarding the request for J Tech computerized testing:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Neck Chapter, Computerized Testing (Flexibility), which is a medical treatment guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), Chapter 9, Shoulder Complaints, page 200, which is part of the of the MTUS.

Rationale for the Decision:

The employee injured the neck, upper back, and left shoulder on 3/12/2012. To date, the employee has had x-rays of the cervical spine and left shoulder, an MRI of the left shoulder, pain medication, physical therapy, and chiropractic treatment. The most recent submitted and reviewed medical report, dated 5/02/2013, found that the employee continues to have pain in the left shoulder and decreased range of motion. A request was submitted for J Tech computerized testing.

The MTUS ACOEM guidelines state that in many cases of shoulder problems, there are no objective findings, but only painful range of motion (ROM), tenderness, or stiffness in the shoulder. The submitted and reviewed medical records do not indicate that the employee had muscle atrophy, signs of infection, gross tumor or was in acute distress. The guidelines indicate that the examiner should determine range of motion actively and passively as part of the normal shoulder exam and there was no rationale submitted for performing ROM testing separately by computerized methods. The request for J Tech computerized testing is not medically necessary and appropriate.

**2) Regarding the request for 1 home exercise kit for the shoulders:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Shoulder Chapter, Home Exercise Kits, a medical treatment guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated that no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the neck, upper back, and left shoulder on 3/12/2012. To date, the employee has had x-rays of the cervical spine and left shoulder, an MRI of the left shoulder, pain medication, physical therapy, and chiropractic treatment. The most recent submitted and reviewed medical report, dated 5/02/2013, found that the employee continues to have pain in the left shoulder and decreased range of motion. A request was submitted for a home exercise kit for the shoulder.

The ODG states that home exercise kits are recommended where active self-directed home physical therapy is recommended. The submitted and reviewed records indicate that the employee was directed and is performing home therapy exercises as part of his rehabilitation. The guideline criteria are met. The requested home exercise kit is 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

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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.



