

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

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**Notice of Independent Medical Review Determination**

Dated: **11/26/2013**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

7/12/2013

Date of Injury:

2/14/2012

IMR Application Received:

7/17/2013

MAXIMUS Case Number:

CM13-0001731

- 1) MAXIMUS Federal Services, Inc. has determined the request for acupuncture 2 times a week for 4 weeks to right shoulder Qty: 8 is **medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 acupuncture 2 times a week for 4 weeks to right shoulder Qty: 8 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 Anesthesiology, has a subspecialty in Pain Management 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:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 12, 2013:

"██████████ is a 57 year old female checker for ██████████ who complained to right shoulder pain for one year from her usual work duties, DOI 2/14/12. Accepted: right shoulder. She has a history of prior right shoulder surgeries in 1992 and 1998. She was evaluated at ██████████ in ██████████ where she was diagnosed with rotator cuff syndrome. Right shoulder MRI showed a labral tear as well as surgical changes of the rotator cuff. There was no improvement with conservative treatment and she was subsequently seen for neck pain as well, which is not accepted under this claim. On 3/29/13 she had initial evaluation by orthopedic surgeon ██████████ MD who listed her diagnoses as: possible cervical radiculopathy, possible posttraumatic disc herniations of the cervical spine, labral tear of the right shoulder, status post (s/p) 2 surgeries of the right shoulder in the past. On 6/5/13 Dr. ██████████ noted that she was being seen for follow-up of neck complaints and has had ongoing chiropractic treatment which helps and 8 acupuncture treatments which have helped reduce pain for around 4 days. She is seeing Dr. ██████████ for general orthopedic complaints (right shoulder). Dr. ██████████ recommends additional acupuncture 2 x 4 for the cervical spine. Request is submitted for acupuncture 2 x 4 weeks (to the right shoulder only), #8."

### **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 acupuncture 2 times a week for 4 weeks to right shoulder Qty: 8 :**

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 Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines and the MTUS Definitions (f) "Functional Improvement", which are part of the MTUS.

Rationale for the Decision:

The rationale for non-certification of the 6/12/13 Utilization Review (UR) is "There is no documentation of functional improvement of the right shoulder and the request for acupuncture is not specifically for the right shoulder." I respectfully disagree. I note that in the 6/5/13 Progress Note it is stated that the employee is "able to perform her daily activities with less pain" and this is attributed to acupuncture. Since acupuncture is a safe treatment (and there are known significant risks with alternative treatments such as procedural treatments and narcotic pain medications), and acupuncture is documented as being effective. **The request for acupuncture 2 times a week for 4 weeks to the right shoulder, qty 8 sessions 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/db

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.