

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	5/11/2012
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002484

- 1) MAXIMUS Federal Services, Inc. has determined the request for Physiotherapy two times a week for six weeks, right shoulder, right neck, right upper extremity **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 Physiotherapy two times a week for six weeks, right shoulder, right neck, right upper extremity **are not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent expert reviewer 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:

“This patient injured her right hand, neck and right shoulder in May, 2012. Treatment has included activity modification and medication as well as physical therapy which did not improve her symptoms. She had two cortisone injections to the shoulder in August 2012 which did not help her pain. She reportedly had an MRI of the right shoulder which she stated was negative but we do not have that report. She was given a spica splint by Dr. [REDACTED] on November 20, 2012. At her visit with Dr. [REDACTED] in January 2013, she complained of pain in the right shoulder. She had a normal range of motion of the shoulder, normal muscle strength but a positive impingement sign. Dr. [REDACTED] opined that the patient had right upper extremity myofascial pain, right upper extremity radiculitis and right forearm pain. He also opined that the patient should be seen by Dr. [REDACTED], a Pain Management specialist, for consideration of additional treatments including injections. This consultation was authorized on February 5, 2013 but there is no documentation that the patient has had this consultation as yet.”

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 07/22/2013)
- Utilization Review Determination from [REDACTED]. (dated 07/08/2013)
- Employee medical records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Physiotherapy two times a week for six weeks, right shoulder, right neck, right upper extremity :

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

The Claims Administrator did not cite any evidence based criteria in its utilization review determination letter. The provider did not dispute the Claims Administrator's lack of evidence based criteria. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99, which is a part of Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on 5/11/2012. The medical records provided for review indicate treatments have included activity modification, physical therapy, medication management, cortisone injection, and spica splint. The request is for physiotherapy (PT) two times a week for six weeks, right shoulder, right neck, right upper extremity.

MTUS/Chronic Pain Medical Treatment guidelines recommend a maximum 8-10 physiotherapy visits for radiculitis. Medical documents reviewed indicate the employee has been suffering from bilateral upper extremity pain and neck pain for many months. However, the requested 12 physiotherapy visits exceeds the guidelines. **The request for physiotherapy two times a week for six weeks, right shoulder, right neck, right upper extremity 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

/sec

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.