

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

8/13/2011

7/25/2013

CM13-0003262

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 single positional MRI of the right shoulder **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for continuation of postoperative physical therapy for cervical spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 1 single positional MRI of the right shoulder **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for continuation of postoperative physical therapy for cervical spine **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 9, 2013:

Clinical Rationale

The patient is a 44 year old female with a date of injury of 8/13/2011. Under consideration is a prospective request for a single positional MRI of the right shoulder and a request to continue postoperative physical therapy for her cervical spine.

The patient presented to Dr. [REDACTED] with the following complaints: subjectively she noted right shoulder pain, neck pain and lumbar pain. Also noted objectively on palpation was cervical paravertebral muscle and upper trapezial tenderness. This was noted right greater than left. Additionally there was right subacromial and acromioclavicular joint tenderness. Also found was limited right shoulder range of motion with weakness. She exhibited a positive impingement and Hawkins' sign. Her lumbar paravertebral musculature was tender on palpation and showed a positive seated nerve root test as well as L5-S1 dermatome dysesthesia.

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 7/25/2013)
- Utilization Review Determination from [REDACTED] (dated 7/9/2013)
- Medical Records provided by the claims administrator
- Medical Records provided by the employee's attorney

- Medical Treatment Utilization Schedule

1) **Regarding the request** 1 single positional MRI of the right shoulder:

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 (Acute & Chronic), a medical Treatment guideline (MTG) not part of the MTUS. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, (2004) Shoulder Complaints, pp. 207-209, Special Studies and Diagnostic and Treatment Considerations, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 8/13/2011. The submitted and reviewed medical records indicate that the employee has had electrodiagnostic studies, MRIs, epidural steroid injections, cervical spinal surgery, physical therapy, and pain medications. A medical record, dated 5/15/2013, indicated that the employee continued to have neck pain, and right shoulder pain. A request was submitted for 1 single positional MRI of the right shoulder, and a continuation of post-operative physical therapy.

California MTUS/ACOEM Guidelines indicate that diagnostic imaging for employees with shoulder problems are not needed unless 4 to 6 weeks of conservative care and observation fails to improve symptoms. There is no indication in the medical records reviewed that the employee has undergone at least 4 to 6 weeks of conservative care directed towards the employee's right shoulder. Non-diagnostic plain film radiographs of the right shoulder were not submitted for review to rule out underlying pathology. The records do not indicate efficacy of the last subacromial injection and whether or not the employee has remained symptomatic since that time. The request for 1 positional MRI of the right shoulder **is not medically necessary and appropriate.**

2) **Regarding the request for** continuation of postoperative physical therapy for cervical spine:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, (2004) Chapter 8, Neck & Upper Back Complaints, pg. 2004, part of the MTUS. The Expert Reviewer found the Post Surgical Treatment Guidelines, Neck and Upper back, Displacement of cervical intervertebral disc, pg. 27, of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 8/13/2011. The submitted and reviewed medical records indicate that the employee has had electrodiagnostic studies, MRIs, epidural steroid injections, cervical spinal surgery, physical therapy, and pain

medications. The most recent submitted record, dated 5/15/2013, indicated that the employee continued to have neck pain, and right shoulder pain. A request was submitted for 1 single positional MRI of the right shoulder, and a continuation of post-operative physical therapy.

MTUS Chronic Pain Guidelines recommend up to 24 sessions of physical therapy status post anterior cervical discectomy fusion (ACDF). The records submitted for review fails to indicate how many sessions the employee has completed postoperatively to date. The request for continuation of postoperative physical therapy does not include duration or frequency. The records did not include a comprehensive physical examination of the cervical spine with quantitative values for the employee's cervical spine range of motion and strength. The request for continuation of post-operative physical therapy **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, 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.