

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 1/18/2013
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004846

- 1) MAXIMUS Federal Services, Inc. has determined the request for six (6) additional chiropractic treatments **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) range of motion for the trunk spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one (1) range of motion for the left upper extremity **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 six (6) additional chiropractic treatments **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) range of motion for the trunk spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one (1) range of motion for the left upper extremity **is 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 expert reviewer is a licensed Chiropractor, 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:

According to the available medical records, this is a 41 years old male patient with chronic left shoulder pain. MRI from 07/11/2011 reveals AC joint synovitis, supraspinatus tendinopathy with mild fraying, and subscapularis and biceps tenosynovitis with no evidence of rotator cuff tear. Previous treatments included sling, medications, ortho-stimulation unit, injections, bursectomy, acromioplasty, physical therapy and chiropractic.

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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

1) Regarding the request for six (6) additional chiropractic treatments:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Shoulder Complaints, Chapter 9, pg. 203, Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, which are part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines, Chiropractic Guidelines, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain, page 58-59, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

According to the available medical records, the employee had previously received 6 chiropractic treatments from April 2013 to June 2013. The medical records submitted and reviewed do not show any subjective or objective functional improvement, decreasing in pain, and no improvement in quality of life. Guideline criteria has not been met. **The request for six (6) additional chiropractic treatments is not medically necessary and appropriate.**

2) Regarding the request for one (1) range of motion for the trunk spine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, and the Chronic Pain Medical Treatment Guidelines, Physical Treatments and Modalities, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Review also based his/her decision on the Official Disability Guidelines (ODG), Low back chapter, Range of Motion, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Official Disability Guidelines indicate Range of Motion is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. **The request for one (1) range of motion for the trunk spine is not medically necessary and appropriate.**

3) Regarding the request for one (1) range of motion for the left upper extremity:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, and the Chronic Pain Medical Treatment Guidelines, Physical Treatments and Modalities, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Review also based his/her decision on the Official Disability Guidelines (ODG), Low back chapter, Range of Motion, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Official Disability Guidelines indicate Range of Motion is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. **The request for one (1) range of motion for the left upper extremity 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,

Paul Manchester, MD, MPH
Medical Director

cc: [Redacted]

/ldh

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.