

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/10/2013    |
| Date of Injury:           | 3/3/1999     |
| IMR Application Received: | 8/5/2013     |
| MAXIMUS Case Number:      | CM13-0007357 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **consult to evaluate surgical possibilities is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **multidisciplinary approach at [REDACTED] is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/12/2013. 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 **consult to evaluate surgical possibilities is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **multidisciplinary approach at [REDACTED] is not 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 Orthopedic Surgery, and is licensed to practice in Nevada. 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:

The patient, whose date of birth is not stated, presents with bilateral shoulder pain status post an unspecified work related injury sustained on 03/03/1999. The clinical notes document the patient has undergone multiple surgical interventions; specific procedures performed were not stated, since the date of his injury. The clinical notes dated 06/19/2013 as well as 07/11/2013 report the patient was seen for follow-up under the care of Dr. [REDACTED]. The provider summarizes that the patient's care has not produced the desired results. The provider felt he could offer the patient no further treatment options. The provider recommends that the patient seek orthopedic surgical consultation with a different provider for his bilateral shoulder complaints [REDACTED]. Additionally, Dr. [REDACTED] documents he feels the patient continues to have persistent chronic pain which would be better managed in a multidisciplinary pain program.

### 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 consult to evaluate surgical possibilities:**

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 ACOEM Guidelines and California MTUS, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 5), Managing Delayed Recovery, pgs. 88-92, which is a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that due to a lack of objective physical exam findings, there would not be a support for a referral to a specialist to determine surgery. The clinical notes continue to lack a thorough physical exam of the employee evidencing objective functional deficits, imaging studies, and a course of treatment recently for the employee's bilateral shoulder pain complaints. California MTUS/ACOEM indicates, "Consultation is intended to aid in addressing the diagnoses, prognoses, therapeutic management, determination of medical stability and permanent residual loss, and/or examinee's fitness for return to work." **The request for consult to evaluate surgical possibilities is not medically necessary and appropriate.**

**2) Regarding the request for multidisciplinary approach at [REDACTED]**

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 ACOEM Guidelines and California MTUS, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines California MTUS, Criteria for the general use of multidisciplinary pain management programs, pgs. 31-32 which is a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that the current request previously received an adverse determination on 07/10/2013 due to a lack of documentation evidencing why the employee would require treatment in a multidisciplinary pain management program approach if there are still other lower levels of care that need to be addressed, such as additional surgical interventions. The clinical notes documented specific goals of treatment for the employee to utilize a chronic pain management program. As well, there was no submitted documented thorough physical exam of the employee, outline of the medication regimen the employee utilizes, and no summation of a psychological evaluation to determine whether the employee is an appropriate candidate or not for the chronic pain management program. As California MTUS indicates, "Criteria for a chronic pain

management program include an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the employee has motivation to change and is willing to change their medication, there should also be documentation that the employee is aware that successful treatment may change compensation and/or secondary gains. Once the evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed.” **The request for multidisciplinary approach at [REDACTED] 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: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/cmol

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.