

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested continued physical therapy three (3) times a week for four (4) weeks (left elbow, left shoulder, cervical, thoracic) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/29/2013 disputing the Utilization Review Denial dated 4/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/14/2013. 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 requested continued physical therapy three (3) times a week for four (4) weeks (left elbow, left shoulder, cervical, thoracic) **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 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 April 17, 2013

“The claimant complains of pain in the left neck rated 5/10 associated with muscle tightness. The claimant also complains of pain in the right thoracic area and scapular area particularly at the T2-T9 level rated 5/10. The claimant reports pain in the left shoulder and acromioclavicular joint rated 5/10. The claimant also reports pain in the medical aspect of the left elbow radiating down to the fourth and fifth finger rated 5/10. Examination of the cervical spine shows limitation of motion with cervical flexion at 25 degrees and right lateral flexion at 35 degrees. Examination of the left shoulder shows no limitation of motion noted. Examination of the elbow shows no limitation of motion noted. The provider recommends acupuncture therapy 2 times a week for 2 weeks.

Documentation dated 04/04/13 is handwritten and difficult to decipher. The claimant reports some improvement in the neck, mid back, left shoulder and left elbow but continues with numbness and tingling at times, especially after repetitive use. The claimant reports 40% improvement with acupuncture. The provider recommends physical therapy 3 times a week for 4 weeks and acupuncture as needed.”

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 (dated 4/29/13)
- Utilization Review determination from [REDACTED] (dated 4/17/13)

- Employee medical records from [REDACTED], MD (dated 1/30/13 – 5/2/13)
- Employee medical records from [REDACTED], PSYD (dated 2/4/13-3/19/13)
- Employee medical records from Dr. [REDACTED] (dated 3/18/13-4/3/13)
- Employee physical therapy records from [REDACTED] (dated 3/5/13-5/3/13)
- Employee physical therapy records from [REDACTED] (dated 1/29/13)
- Employee medical records from [REDACTED], PA (dated 1/24/13)
- Employee medical record from [REDACTED], MD (dated 1/24/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Table 8-5, pg. 174
- Official Disability Guidelines (ODG) Neck and Upper Back Procedure Summary
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, pg. 203
- Official Disability Guidelines (ODG), Shoulder Procedure Summary
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 10, pg. 15
- Official Disability Guidelines (ODG) , Elbow Procedure Summary
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, pg. 300
- Official Disability Guidelines (ODG), Low Back Procedure Summary
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 2, pg. 23
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, pg. 106,115-116
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 5, pg. 79-80
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, pg. 46-48
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 10, Elbow Complaints, pg. 234-235, 237

1) Regarding the request for continued physical therapy three (3) times per week for four (4) weeks (left elbow, left shoulder, cervical, thoracic):

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), 2nd Edition, (2004), Chapters 2, 3, 6, 8, 9, 10, 12. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, pg. 98-99 of the Medical Treatment Utilization Schedule applicable and relevant.

Rationale for the Decision:

The employee had a work-related injury on 1/11/13. Medical records provided and reviewed indicate the employee has received conservative treatment including physical therapy and acupuncture to the neck, mid back, left shoulder, and left elbow. The medical record of 5/2/13 attributes the improvement in employee's pain level to the physical therapy and acupuncture. As the employee is more than six months post injury, the criteria for chronic pain has been met. The multiple body parts involved and the continued improvement in pain relief for the employee meets the criteria of the Chronic Pain Medical Treatment Guidelines. The request for continued physical therapy three (3) times per week for four (4) weeks (left elbow, left shoulder, cervical, thoracic) **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;

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.