

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for left shoulder MRI **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request right elbow MRI **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request right proximal radioulnar MRI **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested cervical spine MRI **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested lumbar spine MRI **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the retrospective request for electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral upper extremities **is not medically necessary and appropriate.**

- 7) MAXIMUS Federal Services, Inc. has determined the requested physical therapy, two times a week for six weeks, **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the requested acupuncture, two times a week for six weeks, **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the requested X-rays of cervical spine **are not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the requested X-rays of lumbar spine **are not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the requested X-rays of right elbow **are not medically necessary and appropriate.**
- 12) MAXIMUS Federal Services, Inc. has determined the requested X-rays of left shoulder **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/15/2013 disputing the Utilization Review Denial dated 5/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/18/2013. 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 retrospective request left shoulder MRI **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request right elbow MRI **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request right radioulnar proximal MRI **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested cervical spine MRI **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested lumbar spine MRI **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the retrospective request for electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral upper extremities **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the requested physical therapy, two times a week for six weeks **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the requested acupuncture, two times a week for six weeks **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the requested X-rays of cervical spine **are not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the requested X-rays of lumbar spine **are not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the requested X-rays of right elbow **are not medically necessary and appropriate.**
- 12) MAXIMUS Federal Services, Inc. has determined the requested X-rays of left shoulder **are not medically necessary and appropriate.**

Medical Qualifications of the Professional 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 Occupational Medicine 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 professional 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 May 13, 2013.

“ The claimant is a 41 year-old female with alleged DOI 2/25/13 to the right elbow from lifting a 70lb luggage. She then alleged injuries to multiple other body parts, including the cervical spine, lumbar spine, right hand, and left shoulder. She has treated with several providers including a neurologist. NCS/EMG studies were done; results are not available. She’s also had PT and was prescribed Neurontin. The AP’s cursory exams on 4/1/13 and 4/23/13 showed tenderness in the alleged injured body parts noted above.

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 5/15/13)
- Utilization review determination from [REDACTED] (dated 5/13/13)
- Employee medical records from [REDACTED] MD (dated 4/1/13-4/23/13)
- Employee medical records from [REDACTED] (dated 3/8/13-4/1/13)
- Employee medical records from [REDACTED] (dated 3/22/13-3/27/13)
- Employee medical records from [REDACTED] MD (dated 4/19/13)
- Employee medical records from [REDACTED] (dated 4/10/13)
- Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pg. 203, 207-208, 212-214
- Acupuncture Medical Treatment Guidelines
- Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), pg. 204
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg. 177-179
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 303-305

1) Regarding the request for retrospective left shoulder MRI:

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

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pgs. 212-214, table

9-6, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The medical report of 4/1/13 describes well-preserved shoulder range of motion, and the most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM guidelines indicate the main criteria for pursuit of a shoulder MRI includes failure to progress in a strengthening program intended to avoid surgery. The medical records reviewed showed no indication or evidence of a failed program of strengthening to avoid surgery or evidence that that the employee is a surgical candidate. The criteria for shoulder MRI have not been met. The request for retrospective left shoulder MRI **is not medically necessary and appropriate.**

2) Regarding the request for retrospective right elbow MRI:

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

The Claims Administrator based its decision on the Official Disability Guidelines, MRI, Chronic Elbow Pain, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM indicates MRI of the elbow is necessary in those individuals who have failed to progress in a program of strengthening intended to avoid surgery and/or are considering a surgical remedy. The medical records reviewed do not show there is evidence of a failed strengthening program or that the employee is a surgical candidate. The diagnosis of lateral epicondylitis has already been established clinically. The criteria for elbow MRI have not been met. The request for retrospective right elbow MRI **is not medically necessary and appropriate.**

3) Regarding request for retrospective right radioulnar proximal MRI:

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

The Claims Administrator did not provide any evidence basis for its decision. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

Based on the clinical diagnosis of lateral epicondylitis, there would be no reason to MRI the right proximal radioulnar, as there would be no need to investigate a potential anatomic defect in the forearm. ACOEM guidelines were utilized regarding the need for elbow MRI and would apply to the right proximal radioulnar MRI. The request for retrospective right radioulnar proximal MRI **is not medically necessary and appropriate.**

4) Regarding the request for cervical spine MRI:

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

The Claims Administrator based its decision on the Official Disability Guidelines, MRI, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM indicates criteria for the pursuit of cervical MRI includes failure to progress in a program of strengthening intended to avoid surgery in those individuals with persistent neurologic complaints with accompanying evidence of neurologic compromise. The medical records reviewed do not clearly establish the presence of any radicular symptoms or radicular complaints of the cervical spine or upper extremities. The criteria for cervical spine MRI have not been met. The cervical spine MRI **is not medically necessary and appropriate.**

5) Regarding the request for lumbar spine MRI:

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

The Claims Administrator based its decision on the Official Disability Guidelines, Low Back Chapter, Indications for Imaging, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM indicates lumbar MRI should be considered only in those individuals with evidence of neurologic compromise, those who have failed to respond to conservative treatment, or potential surgical candidates. The most recent medical record provided for review does not document any of the criteria necessary for a lumbar MRI. The lumbar spine MRI **is not medically necessary and appropriate.**

6) Regarding the retrospective request for electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral upper extremities:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM indicates electrodiagnostic testing in cases of peripheral nerve impingement or if no improvement or worsening of symptoms has occurred within four to six weeks of injury. The documentation provided for review does not establish the presence of any neurologic deficits, neurologic compromise, numbness, tingling, and/or paresthesias. There is no clear evidence of neurologic compression. While the electrodiagnostic testing did reveal electrodiagnostic evidence of mild carpal tunnel syndrome, there are no documented corresponding clinical complaints which meet the criteria for electrodiagnostic testing. The retrospective request for electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral upper extremities **is not medically necessary and appropriate.**

7) Regarding the request for physical therapy, two times a week for six weeks:

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

The Claims Administrator stated it based its decision on the CA MTUS, pg. 474, but this reference cannot be confirmed. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on MTUS 9792.20f – Definitions, Functional Improvement.

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate

treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

CA MTUS indicates documented functional improvement as criteria for the continuation of physical therapy. The medical records provided for review do not document any clear evidence of functional improvement in performance of activities of daily living, work status, work restrictions, or reduction in dependency on medical treatment with the previous physical therapy. Physical therapy, two times a week for six weeks, **is not medically necessary and appropriate.**

8) Regarding the request for acupuncture, two times a week for six weeks:

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

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which are part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

MTUS Acupuncture Guidelines state that the time needed to produce functional improvement following introduction of acupuncture is three to six treatments. The medical records reviewed showed no clear documentation of functional improvement in performance of activities of daily living, work status, work restrictions, or reduction in dependency on medical treatment with the previous completed acupuncture treatments. Acupuncture, two times a week for six weeks, **is not medically necessary and appropriate.**

9) Regarding the request for X-rays of the cervical spine:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Indications for imaging, X-rays, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg. 177-179, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM guidelines indicate the need to pursue cervical radiographs where there is evidence of neurologic compromise, acute trauma, and/or midline vertebral tenderness following a head injury. The medical records reviewed do not indicate the employee meets any of the criteria necessary for X-rays of the cervical spine. The X-rays of the cervical spine **are not medically necessary and appropriate.**

10) Regarding the request for lumbar spine X-rays:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Indications for imaging, X-rays, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 303-305, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild

tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM indicates spine X-rays are not recommended or endorsed except for the presence of lumbar pain in the absence of red flags for serious spinal pathology. The medical records provided for review do not document any neurologic deficits, and the multifocal pain reported would argue against any serious spinal pathology. The lumbar spine X-rays **are not medically necessary and appropriate.**

11) Regarding the request for Right Elbow X-rays:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Indications for imaging, X-rays, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), pg.242.

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM indicates X-rays of the elbow can be considered to rule out osteomyelitis and/or joint effusion. The medical records provided for review do not document the presence or suspicion of either of these diagnoses. The employee's multifocal pain complaints argue against any focal elbow pathology that would require a plain film imaging. The right elbow X-rays **are not medically necessary and appropriate.**

12) Regarding the request for Left Shoulder X-rays:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Indications for imaging, X-rays, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pg. 203, 212-213, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a neck, low back, shoulder, and elbow work-related injury on February 25, 2013. Medical records provided and reviewed indicate treatment has consisted of analgesic medications; normal MRI of the radial ulnar joint of April 10, 2013; MRI of the elbow on April 10, 2013, notable for lateral epicondylitis; MRI of the left shoulder on April 10, 2013, notable for mild tendinosis of the rotator cuff; electrodiagnostic testing of the bilateral upper extremities on April 19, 2013, notable for mild bilateral carpal tunnel syndrome; and periods of time off of work. The most recent available report of April 23, 2013, is sparse, notable for ongoing complaints of low back pain, neck pain, elbow pain, and numbness about the right hand.

ACOEM indicates shoulder X-rays can be considered in individuals with an AC joint shoulder separation and/or history of dislocations, either new or recurrent. The records provided for review indicate the employee has had a non-certified shoulder MRI which was largely negative. There is no documentation in the medical records reviewed meeting the criteria for shoulder X-rays. The left shoulder X-rays **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,

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.