

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 requested MRI of the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested physical therapy two (2) times per week for five (5) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/22/2013 disputing the Utilization Review Denial dated 5/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/22/2013. 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 MRI of the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested physical therapy two (2) times per week for five (5) weeks **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 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 May 9, 2013

“Patient is a 40 year old female who has sustained a work related injury to the right shoulder and neck/cervical spine on 3/09/13. Mechanism of injury is due to cart rolling into her right arm. Reported Diagnosis is Right shoulder rotator cuff, Cervicalgia. Treatment to date includes medication (tizanidine, naproxen, ketoprofen). Diagnostic studies: **Xrays of right arm (date and report is not available for review).** Work status is not noted.

“Medical progress report dated 4/18/13 states patient is c/o constant and severe pain in right shoulder and right arm, level is 5-10/10, aggravated by reaching and pushing a shopping cart and leaning forward. Physical exam of C/spine reveals ROM is full in all planes. TTP over right cervical paraspinal muscles, superior trapezius and cervical facets, positive Spurling’s maneuver on right. Exam of right shoulder reveals FF30 degrees, abduction 45 degrees. Positive Hawkins test, drop arm test and crossed arm adduction test. Motor strength is 5/5 and symmetric in BUE. Sensory is normal in BUE. DTRs 1+4 and symmetric in BUE.”

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 (5/20/13)
- Utilization Review Determination (dated 5/9/13)
- Employee medical records from [REDACTED] provided by Employee's Attorney (dated 3/11/13-4/15/13)
- Employee medical records from [REDACTED], MD provided by Employee's Attorney (dated 4/18/13-5/3/13)
- Employee medical records from [REDACTED] provided by Employee's Attorney (dated 5/23/13-5/28/13)
- Miscellaneous medical records provided by Employee's Attorney (undecipherable)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back, pg. 173-174
- Official Disability Guidelines (ODG), Neck Chapter
- Chronic Pain Medical Treatment Guidelines (2009), pg. 98-99

1) Regarding the requested MRI of the 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), 2nd Edition, (2004), Neck and Upper Back, pg. 173-174. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right shoulder and neck on 3/09/13. The medical records provided and reviewed indicate treatment has consisted of oral analgesics and physical therapy. The medical record from 5/2/13 shows a normal neurologic examination with no red flags in the employee's history. The utilization review determination states the requesting provider in a peer-to-peer discussion with the Claims Administrator agreed that the MRI was not warranted at this time. The requested MRI of the cervical spine **is not medically necessary and appropriate.**

2) Regarding the requested physical therapy two (2) times per week for five (5) weeks:

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), Neck and Upper Back, pg. 113-114. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right shoulder and neck on 3/09/13. The medical records provided and reviewed indicate treatment has consisted of oral analgesics and physical therapy. The medical record from 5/2/13 shows a normal neurologic examination with no red flags in the employee's history. ACOEM states acute and subacute low back pain may receive 8 to 12 visits of physical therapy as long as functional improvement and progression are documented. The Claims Administrator certified physical therapy two (2) times per week for three (3) weeks which meets the ACOEM criteria. The requested physical therapy two (2) times per week for five (5) weeks **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.