MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

1) MAXIMUS Federal Services, Inc. has determined the request for 12 physical therapy sessions (3 times a week for 4 weeks) **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for a magnetic resonance imaging (MRI) of left shoulder **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for an MRI of lumbar spine **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for an MRI of left ankle **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/20/2013 disputing the Utilization Review Denial dated 6/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/20/2013. 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 12 physical therapy sessions (3 times a week for 4 weeks) **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of left shoulder **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for an MRI of lumbar spine **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for an MRI of left ankle **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 Initial Comprehensive Primary Treating Physician's Report and Request for Authorization dated May 23, 2013.

The patient states on **March 15, 2013,** she got up off her chair and tripped and fell. She injured her right knee, left ankle, left shoulder, arm and wrist, experiencing immediate pain. The injury was reported to her employer and the ambulance was called.

She was transported to the emergency room where she was provided with an ankle wrap. She was provided with a walker. The patient was advised to stay off duty and she presented to her private physician.

The patient called her industrial carrier and was referred to a doctor in [redacted] She was started on medication and provided with a sturdier left ankle brace. She remained off duty.

[redacted] was instructed on home exercise regimen and started on physical therapy. To date, she has undergone six to eight sessions. Her therapist recommended further physical therapy which has not been approved.

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
- Utilization Review Determination by [redacted] (dated 6/17/13)
- Peer Review Report by [redacted] (dated 6/13/13)
- Employee's Medical Records by [redacted] (dated 4/5/13 to 5/17/13)
- Employee's Medical Records by [redacted] (dated 3/22/13 to 5/23/13)
- Employee's Diagnostic Exam Reports by [redacted] (dated 3/15/13)
- Employee's Medical Records by [redacted] M.D. (dated 5/23/13 and 6/3/13)
- Chronic Pain Medical Treatment Guidelines (2009) (pages 98-99)
- Official Disability Guidelines (ODG) (2009) – Shoulder Chapter: MRI Section
- Official Disability Guidelines (ODG) (2009) – Low Back Chapter: MRI Section
- Official Disability Guidelines (ODG) (2009) – Ankle and Foot Chapter: MRI Section

1) **Regarding the request for 12 physical therapy sessions (3 times a week for 4 weeks):**

   Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
   The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) (pages 98-99), which are part of the California Medical Treatment Utilization Schedule (MTUS). 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 was injured on 3/15/2013 and experienced painful range of motion and restricted movement in the right knee and left ankle, shoulder, arm, and wrist. The employee's medical records received and reviewed show the employee has been treated with an ankle brace, medication, and a walker. A request was made for 12 physical therapy sessions. The Claims Administrator authorized 6 sessions, which the employee has received. The issue at dispute is whether the remaining 6 sessions are medically necessary and appropriate.

   The Chronic Pain Medical Treatment Guidelines indicate active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There are multiple body parts to be treated with therapy and the records indicate the employee is a non-surgical candidate. The request for 12 physical therapy sessions (3 times a week for 4 weeks) is medically necessary and appropriate.

2) Regarding the request for an MRI of left shoulder:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Shoulder Chapter: MRI Section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 9 (page 208), which is part of the MTUS.

Rationale for the Decision:
The employee was injured on 3/15/2013 and experienced painful range of motion and restricted movement in the right knee and left ankle, shoulder, arm, and wrist. The employee's medical records received and reviewed show the employee has been treated with an ankle brace, medication, and a walker.

ACOEM indicates imaging studies are appropriate where any of the following exist: a red flag; physiological evidence of tissue insult or neurologic dysfunction; or failure to progress in a strengthening program intended to avoid surgery. The employee's medical records show persistent symptoms and chronic pain. The request for an MRI of left shoulder is medically necessary and appropriate.

3) Regarding the request for an MRI of lumbar spine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Low Back Chapter: MRI Section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 12 (pages 303-304), which is part of the MTUS.

Rationale for the Decision:
The employee was injured on 3/15/2013 and experienced painful range of motion and restricted movement in the right knee and left ankle, shoulder, arm, and wrist. The employee's medical records received and reviewed show the employee has been treated with an ankle brace, medication, and a walker.

ACOEM indicates an MRI is appropriate for neural or other soft tissue if physiologic evidence indicates tissue insult or nerve impairment. The employee's medical records show persistent symptoms and chronic pain. The request for an MRI of lumbar spine is medically necessary and appropriate.

4) Regarding the request for an MRI of left ankle:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Ankle and Foot Chapter: MRI Section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 14 (pages 372-374), which is part of the MTUS.

Rationale for the Decision:
The employee was injured on 3/15/2013 and experienced painful range of motion and restricted movement in the right knee and left ankle, shoulder, arm, and wrist. The employee's medical records received and reviewed show the employee has been treated with an ankle brace, medication, and a walker.

The employee has chronic ankle pain unrelieved by conservative management and meets the guideline criteria for imaging. ACOEM indicates imaging may be helpful to clarify a diagnosis in cases of delayed recovery. The request for an MRI of left ankle 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.

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[redacted]