

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.

Date: May 17, 2013

[REDACTED]
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- 1) MAXIMUS Federal Services, Inc. has determined the Chiropractic visits 2x4, mobilization and manipulation for bilateral shoulders requested **are not medically necessary and appropriate.**

- 2) MAXIMUS Federal Services, Inc. has determined the Physical Therapy visits including therapeutic exercises, electrical muscle stimulation (EMS) myofascial release, diathermy, and ultrasound requested **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 2/25/2013 disputing the Utilization Review Denial dated 2/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/9/2013. 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 chiropractic visits 2x4 including mobilization and manipulation for bilateral shoulders requested **are not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the physical therapy visits including therapeutic exercises; electrical muscle stimulation, myofascial release, diathermy and ultrasound requested **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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 February 22, 2013

“The Claimant reported shoulder pain on 1/8/2013. The request is for chiropractic manipulation with physiotherapy 2x4 to bilateral shoulders/elbows. Mechanism of injury: IW claims sharp, shooting pain from elbow to shoulders, first time patient noticed the pain was when working and when setting the elbow on the table. The examination report dated 1/23/2013 noted positive orthopedic tests for the elbow, shoulder, and neck. No range of motion measurements or percentages included. There were no specific sensory/motor deficits noted on the examination. The PR-2 dated 2/19/2013 noted Cozen’s test elicited pain on right elbow, lateral epicondyle. No range of motion measurements. No specific manual testing. No specific sensory deficits.”

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 2/25/2013

- Utilization Review Determination dated 2/22/2013 (provided by [REDACTED])
- Medical Records from [REDACTED] from dates 1/8/2013 through 3/14/2013
- Medical records from [REDACTED] dated 3/18/2013 & 4/8/2013
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, Chapter 9, shoulder complaints, and Chapter 10 elbow complaints.

Regarding the Request for chiropractic visits 2x4 with mobilization and manipulation for bilateral shoulders and elbows:

Section of the Medical Treatment Utilization Schedule (MTUS) Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, Chapter 9, pg. 203, shoulder complaints of the MTUS and the MTUS/ACOEM guidelines, 2nd Edition, 2004, Chapter 10, pg. 235, elbow complaints. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS/ACOEM guidelines, 2nd Edition, 2004, page 203, recommends chiropractic manipulation for the shoulder region for the indication of "frozen shoulder." The information contained in the medical records does not support the diagnosis of a frozen shoulder. The medical records provide no evidence of other shoulder conditions. The MTUS/ACOEM guidelines, 2nd Edition, 2004, Chapter 10 pg. 235 indicates chiropractic manipulation is not recommended for treatment to the elbows." Because of a lack of evidence of a specific shoulder condition, the chiropractic visits 2x4 with mobilization and manipulation to the bilateral shoulders and elbows **are not medically necessary and appropriate.**

Regarding the Request for physical therapy including therapeutic exercises, electrical muscle stimulation (EMS), myofascial release, diathermy, & ultrasound.

Section of the Medical Treatment Utilization Schedule (MTUS) Guidelines(s) Relied Upon by the Professional 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, page 203, shoulder complaints and the Official Disability Guidelines, shoulder section. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance and in addition relied upon the Official Disability Guidelines (ODG), shoulder section.

Rationale for the Decision:

ACOEM Guidelines, 2nd Edition, 2004, page 203, state that “physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high quality medical studies.” Regarding the request for physical therapy, the ODG Physical Therapy Guidelines recommend physical therapy for elbow and shoulder injuries up to 3 visits contingent on objective improvement being documented. Further trial visits with fading frequency up to 6 visits contingent on further objective improvement plus self-directed home PT. In the case of the employee, there is documentation that the employee has received physical therapy for 5 sessions as noted in the report dated February 19, 2013. The medical records provided do not document improvement with those visits. The requested physical therapy sessions including therapeutic exercises, EMS, diathermy, myofascial release and ultrasound **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.