

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 functional capacity evaluation (FCE) requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/8/2013 disputing the Utilization Review Denial dated 2/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/30/2013. 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 functional capacity evaluation (FCE) requested **is 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, 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 15, 2013, and the employee's medical records.

Employee worked as a medical transport and was picking up a client with an electric wheelchair on either 1/12/13 or 1/13/13 (reports differ for date of injury). The client backed her wheelchair into the employee's stomach unexpectedly two times. The employee pulled her left shoulder and heard a pop in her back. She reported significant pain to her neck, back, and shoulder.

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 by [REDACTED] (dated 2/15/13)
- Employee's Medical Records by [REDACTED] (dated 1/13/13)
- Employee's Medical Records by [REDACTED] (dated 1/13/13)
- Doctor's First Report of Occupational Injury or Illness (dated 1/14/13)
- Request for Authorization for Medical Treatment (dated 2/6/13)
- Primary Treating Physician's Progress Report (dated 1/14/13 thru 2/18/13)
- Employee's Medical Records by [REDACTED] (dated 2/5/13)
- Employee's Medical Records by [REDACTED] (dated 1/22/13 thru 2/20/13)
- Employee's Medical Records by [REDACTED] (dated 3/27/13 thru 4/12/13)
- Employee's Medical Records by [REDACTED] (dated 2/25/13 and 3/25/13)

- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations And Consultations, pg 511
- Official Disability Guidelines (ODG) (2009)
- Chronic Pain Medical Treatment Guidelines (2009), pg 125-126

1) Regarding the request for functional capacity evaluation (FCE) :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 125-126, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also referenced the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 7 – Independent Medical Examinations and Consultations, which is not part of the MTUS and the Official Disability Guidelines (ODG) – Shoulder Chapter, Work Conditioning Section, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer determined that the Chronic Pain Medical Treatment Guidelines do not apply to the employee's condition. The Professional Reviewer found the ODG section cited by the Claims Administrator most appropriate and relevant for the employee's condition.

Rationale for the Decision:

The employee was injured on 1/12/2013 and reported pain to her neck, back, and shoulder. A request for a functional capacity evaluation was made on 1/25/2013. A progress report dated 3/25/2013 notes that the employee continued to experience ongoing pain that is greatest in her cervical spine and left shoulder. The employee's condition does not meet the criteria for a functional capacity evaluation specified by the ODG section referenced above. The submitted and reviewed medical records do not document a prior unsuccessful return to work. There is no detailed job description that includes the physical tasks that are essential to the employee's job. The requested functional capacity evaluation 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

/ldh

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.