

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/15/2013
Date of Injury:	5/10/2012
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0016016

- 1) MAXIMUS Federal Services, Inc. has determined the request for **12 sessions of physical therapy 2 times 6 for the neck and bilateral shoulders is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 8/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 sessions of physical therapy 2 times 6 for the neck and bilateral shoulders 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, has a subspecialty in Neuromuscular 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 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.

### **Expert Reviewer Case Summary:**

The patient is a 37-year-old, right-hand-dominant, female merchant teller at a bank who had a work injury dated 5/10/12. She complained of right neck, shoulder, elbow and wrist pain. Patient was diagnosed with: 1. Cervical spine strain/sprain rule out herniated nucleus pulposus. 2. Right shoulder tendinitis. 3. Left shoulder AC joint osteoarthritis, tendinitis. 4. Right elbow strain/sprain lateral epicondylitis. 5. Right wrist strain/sprain rule out internal derangement. She had 12 visits of OT for her elbow and one corticosteroid injection, acupuncture, and a wrist support to rest the forearm muscles. Cervical MRI revealed: no evidence of fracture, subluxation, disc protrusion, central canal narrowing, or foraminal stenosis. Right wrist MRI was within normal limits. Right shoulder MRI revealed: Mild acromioclavicular joint osteoarthritis with a mild subacromial subdeltoid bursitis. There is tendinosis of the supraspinatus tendon without evidence of rotator cuff tear. MRI of the right elbow was normal. Electrodiagnostic testing revealed median neuropathy at both carpal tunnels. A 10/16/12 progress report indicates constant neck pain radiating to bilateral shoulders and arms; constant pain in the right shoulder, constant pain in the elbow, and constant pain in the right wrist. Treatment to date per documentation include at least 12/18 PT sessions to cervical spine and both shoulders. Request for authorization for continued PT two times a week for neck and bilateral shoulders x 6 weeks.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for 12 sessions of physical therapy 2 times 6 for the neck and bilateral shoulders:**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 22, 96-99 and General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 2) page 114, which are part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Chapter 6 (Pain and Suffering Chapter), and Chronic Pain Medical Treatment Guidelines (2009), page 99, which are part of the MTUS; and the Official Disability Guidelines (ODG), Physical Therapy Guidelines, which are not part of the MTUS.

#### Rationale for the Decision:

The employee has already had at least 12 sessions of physical therapy with no documented objective findings of improvement. (i.e. degrees of range of motion, etc) or significant change in functional improvement (i.e. activities of daily living). The employee has exceeded the guideline recommended number of physical therapy sessions. **The request for 12 sessions of physical therapy 2 times 6 for the neck and bilateral shoulders 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.