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Independent Medical Review
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MAXIMUS Federal Services

# Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/30/2013

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|---|---|---|---|
| **IMR Case Number:** | CM13-0018530 | **Date of Injury:** | 10/05/2011 |
| **Claims Number:** | [redacted] | **UR Denial Date:** | 08/22/2013 |
| **Priority:** | STANDARD | **Application Received:** | 08/29/2013 |
| **Employee Name:** | [redacted] | | |
| **Provider Name:** | [redacted] M.D | | |
| **Treatment(s) in Dispute Listed on IMR Application:** | | | |
| MULTIPLE | | | |

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 disputed items/services.

## DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

## CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 10/05/2011. This patient is a 43-year-old man. The patient's respective injury was pulling maintenance hole covers when he reported an injury to both shoulders and to his left elbow. He was initially diagnosed with a right shoulder strain and left elbow joint pain. He was later diagnosed with a rotator cuff tear. An MRI of the left elbow on 3/29/2013 notes that the patient has edema within the lateral and in the triceps consistent with neoplastic process versus myositis ossificans and that the patient could have a bone contusion in the proximal ulna. The patient has been treated with right shoulder arthroscopy with subacromial decompression and rotator cuff repair. He also has been noted to have a diagnosis of olecranon bursitis.

## IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. An x-ray of the bilateral shoulders and left elbow is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 9, Shoulder Complaints, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, page 209, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM guidelines state that relying only on imaging studies to evaluate disorder/symptoms carries a significant risk of diagnostic infusion. Similar principles apply to x-rays of the elbow. Overall, the medical records provided for review do not clearly indicate a rationale for x-ray

imaging of the shoulders or elbow on a repeat basis given extensive past diagnostic testing. **The request for an x-ray of the shoulders and left elbow is not medically necessary and appropriate.**

**2. The request for six aquatic therapy sessions is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine section, page 98-99, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines state that a treatment plan must allow for the fading in treatment frequency plus active self-directed home physical medicine. This employee received considerable past aquatic and physical therapy. The medical records submitted for review do not provide a rationale as to why this employee would require additional supervised rather than independent rehabilitation. **The request for additional aquatic therapy is not medically necessary and appropriate.**

**3. Additional physical therapy is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine section, page 98-99, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines state that a treatment plan must allow for the fading in treatment frequency plus active self-directed home physical medicine. This employee received considerable past aquatic and physical therapy. The medical records submitted for review do not provide a rationale as to why this employee would require additional supervised rather than independent rehabilitation. **The request for additional physical therapy is not medically necessary and appropriate.**

**4. An interferential (IF) stimulation unit is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 120, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines state this treatment is possibly appropriate for certain conditions, if the pain is ineffectively controlled due to diminished effectiveness of medications or ineffectively controlled with medications due to side effects or history of

substance abuse or unresponsive to conservative measures. The medical records provided for review do not document these or other rationale for this request. **The request for an IF unit is not medically necessary and appropriate.**

**5. A hot/cold contrast unit with compression pad is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3, Initial Approaches to Treatment, page 48, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines state that in the acute to subacute phase, a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. The records do not support the use of durable medical equipment for thermal modalities in the current chronic setting. The records do not provide alternate rationale for this request. **The request for a hot/cold contrast unit is not medically necessary and appropriate.**

**6. A pain medicine consultation is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Disorder Medical Treatment Guidelines of the State of Colorado, which are not a part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2, General Approach to Initial Assessment and Documentation, page 22, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines state that a focused medical history, work history and physical exam generally are sufficient to assess a patient who complains of an apparently job-related disorder. The medical records provided for review in this case indicate that this employee has undergone extensive evaluation concluding prior pain medicine consultation. It is not clear from the medical records what the rationale or benefit would be from an additional pain management consultation. **The request for a pain medicine consultation is not medically necessary and appropriate.**

**7. An orthopedic consultation for the shoulders and left elbow is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 9, page 211, which is part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2, General Approach to Initial Assessment and Documentation, page 22, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines indicate that a focused medical history, work history, and physical exam generally are sufficient to assess a patient with complaints of apparently job-related disorder. This employee has undergone extensive evaluations in the past from physicians in multiple specialties including orthopedics. Indication and rationale for additional orthopedic consultation at this time is not apparent. **The request for an orthopedics consultation is not medically necessary and appropriate.**

/dso

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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