

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	10/31/2012
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018833

- 1) MAXIMUS Federal Services, Inc. has determined the request for **work conditioning two to three times a week for four weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/8/2013. 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 **work conditioning two to three times a week for four weeks 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 Internal 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 50- year-old male, who reported an injury on 10/31/2012. He had surgery on 01/04/2013, which included a rotator cuff tear and arthroscopic subacromial decompression on the right shoulder. He had 18 visits of postoperative physical therapy beginning in January 2013 and finishing in May 2013. He returned to work on modified duty on 03/25/2013. Due to slow progress with strengthening, his physician recommended a work conditioning program and he completed 5 visits starting in August 2013. His records indicate that he had some functional benefits from work conditioning, including increased strength, increased range of motion, and decreased pain.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for work conditioning two to three times a week for four weeks is not medically necessary and appropriate.

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 California MTUS Medical Treatment Guidelines regarding Work conditioning, work hardening, pages 125-126.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Work Conditioning, Work Hardening, page 125-126, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that the criteria for work conditioning states that this treatment should be considered “after treatment with an adequate trial of physical or occupational therapy with improvement, followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning”. It is also required that the patient’s current physical condition and recovery up to this point would allow for “progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week”, and that a defined return to work goal, agreed on by the employer and employee needs to be documented. The guidelines also indicate that “Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities”. The medical records provided for review did not include physical therapy notes after 03/08/13, including a final physical therapy note, or a clearly defined return to work, or full-duty goal. The medical records do not show evidence of the employee’s compliance or measurable improvements in functional abilities after first 1-2 weeks of treatment. The request does not meet guideline recommendations. **The request for work conditioning two to three times a week for four weeks 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, 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.