
Notice of Independent Medical Review Determination

Dated: 8/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	3/20/2003
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001120

- 1) MAXIMUS Federal Services, Inc. has determined the request for 9 sessions of physical therapy **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 Dynasplint 90 days use **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 9 sessions of physical therapy **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 Dynasplint 90 days use **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 Occupational 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“The patient is a 47 year old male with a date of injury of 3/20/2003. Under consideration is a prospective request for 9 sessions of physical therapy and 1 Dynasplint 90 day use.

“The most current documentation dated 6/28/13 shows subjective findings of 40 physical therapy visits received; continued cervical spine pain radiating up into head and neck. Headaches, exercising causes muscle spasms which disrupt shoulder mechanics. The most current objective findings include elevated upper trap, levator scapulae spasming, progressed range of motion and shoulder strength. Findings from 6/13/13 include 170 degrees of abduction, 170 degrees of forward flexion, external rotation weakness not present, tenderness and pain significantly decreased in shoulder, neurological exam normal for shoulder, right shoulder difficulty raising arm in overhead position, tenderness along AC joint and subacromial area, positive impingement sign, positive biceps resistance test, ulnar nerve tingling, numbness in region of the left fourth and fifth digits, hyperesthesia in left fourth and fifth digit and right fourth and fifth digit, exquisite tenderness along the ulnar nerve on anterior transposed position. The current diagnosis for this patient is ulnar nerve neuropathy, status post rotator cuff tear, right shoulder probably persistent rotator cuff tendon problem, right elbow persistent ulnar nerve neuropathy.”

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 (received 7/12/13)
- Utilization Review Determination (dated 7/8/13)
- Chronic Pain Medical Treatment Guidelines (2009), Physical therapy (PT) pg.98 and Physical Medicine Guidelines, pg.99
- Official Disability Guidelines (ODG), current version, Shoulder (Acute & Chronic) Dynasplint System
- Medical Records/Physical therapy reports from [REDACTED], M.D. (dated 10/9/13-6/28/13)
- PR-2 Reports from [REDACTED], MD (dated 6/14/12-7/5/13)
- Medical Records from [REDACTED], MD (dated 7/12/12)
- Operative Report from [REDACTED] 9dated 2/19/13)
- Nerve Conduction Study Results from [REDACTED] (dated 11/5/12)
- Laboratory Results from [REDACTED] (dated 11/29/12-2/14/13)
- Analysis of Computerized ROM & Muscle Testing Data from [REDACTED] (dated 1/18/13)

1) Regarding the request for 9 sessions of physical therapy:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Therapy Section, pg. 98 and Physical Medicine Section, pg. 99, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Functional Restoration Approach to Chronic Pain Management Section, pg. 8, Physical Medicine Section, pg. 99, and Section 9792.20 (f), of the MTUS applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/23/2003 the employee sustained an industrial injury resulting in bilateral shoulder and left elbow pain. Medical records provided and reviewed indicate treatment consisted of; left labral repair and biceps tenosynovectomy on February 29, 2013; computerized range of motion testing; a 32% whole-person impairment rating; 40 sessions of physical therapy; and extensive periods of time off of work. A clinical progress report dated 4/22/13 notes the employee is currently using a Dynasplint. A request was submitted for 9 sessions of physical therapy and 1 Dynasplint - 90 day use between 6/20/13 and 9/26/13.

Medical records provided and reviewed indicate the employee has had over 40 sessions of physical therapy over the life of the claim, well in excess of the 9 -10 session course recommended by the MTUS Chronic Pain Guidelines for

myalgias and/or myositis of various body parts. The MTUS guidelines, Section 9792.20 note that “demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment”. The applicant has failed to return to work, there is no evidence of improved performance of activities of daily living and/or reduction in dependence on medical treatment, and there is no reduction in physical impairment. The request for 9 physical therapy sessions **is not medically necessary and appropriate.**

2) Regarding the request for 1 Dynasplint 90 day use between 6/20/13 and 9/26/13:

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

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), (current version), Shoulder Chapter, Dynasplint System section, a Medical Treatment Guidelines not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found Section 9792.20 (f), of the MTUS relevant and appropriate for the issue at dispute.

Rationale for the Decision:

On 3/23/2003 the employee sustained an industrial injury resulting in bilateral shoulder and left elbow pain. Medical records provided and reviewed indicate treatment has consisted of; left labral repair and biceps tenosynovectomy on February 29, 2013; computerized range of motion testing; a 32% whole-person impairment rating; 40 sessions of physical therapy; and extensive periods of time off of work. A clinical progress report dated 4/22/13 notes the employee is currently using a Dynasplint. A request was submitted for 9 sessions of physical therapy and 1 Dynasplint - 90 day use between 6/20/13 and 9/26/13.

MTUS guidelines, section 9792.20 (f) define functional improvement as a “clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam”. Medical records provided and reviewed do not indicate functional improvement to justify ongoing usage of the Dynasplint device. There is a lack of evidence indicating improvement in performance of activities of daily living, reduction in physical impairment, and/or reduction in dependence on medical treatment. The employee continues to use multiple analgesic medications and has failed to improve in terms of shoulder range of motion. The request for 1 Dynasplint – 90 day use between 6/20/13 and 9/26/13 **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

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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.