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**Notice of Independent Medical Review Determination**

Dated: 9/6/2013

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/9/2013  
Date of Injury: 5/19/2011  
IMR Application Received: 7/11/2013  
MAXIMUS Case Number: CM13-0001217

- 1) MAXIMUS Federal Services, Inc. has determined the request for history and physical with a medical provider for anesthesia clearance **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Fibrosis Release Procedure – Manipulation under Anesthesia (FRP-MUA) x 3 for the cervical, thoracic and lumbar spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one session of extracorporeal shockwave treatment for the left shoulder under sedation, concurrent with FRP-MUA **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for two months of appropriate follow-up treatment with Dr. [REDACTED] **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. 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 history and physical with a medical provider for anesthesia clearance **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Fibrosis Release Procedure – Manipulation under Anesthesia (FRP-MUA) x 3 for the cervical, thoracic and lumbar spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one session of extracorporeal shockwave treatment for the left shoulder under sedation, concurrent with FRP-MUA **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for two months of appropriate follow-up treatment with Dr. [REDACTED] **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 Orthopedic Surgery, 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 9, 2013

“June 19, 2013, [REDACTED], DC, [REDACTED], Request for Authorization and Chiropractic Consultation requested by QME Dr. [REDACTED] (D.C). for FRP-MUA x 3 for the spine (Fibrosis Release Procedures-Manipulation Under Anesthesia) and ESWT (extracorporeal Shockwave Treatment). Reviews the injury at work, knocked to the ground by a running student (5/19/2011), Neck and low back pain improved with treatment provided by Dr. [REDACTED] "but continue at unacceptable levels." C/O LBP increased to moderate to severe levels with attempts at lifting, left leg pain and left hip pain. Neck and upper back pain/stiffness, 7/10 maximal pain with repetitive use of arms or extension of neck. Left thumb and "left bilateral" shoulder pain.

Specific examination signs included "paraspinal edema, intersegmental motion restrictions and a sustained hyperemia red reflex following deep digital palpation" most prominent in lower cervical, mid thoracic and lumbosacral spinal regions, and are suggestive of sustained vertebral subluxations (neuromechanical dysfunctions) that are now likely fibrosis maintained." Spinal and right shoulder x-rays were obtained and the doctor's interpretation noted. Diagnoses included: cervical, thoracic, lumbar and SI sprain/strain subluxations (neuromechanical dysfunctions) complicated by lower extremity neuropathy and fibrosis and left shoulder rotator cuff tendinopathy. In the treatment recommendation section (page 6), agrees with Dr. [REDACTED] recommendation for FRP-MUA x 3 and will seek opinion of physician to be sure patient is good candidate for anesthesia. Assuming favorable response to MUA, eight-week follow up protocols in Dr. [REDACTED] office. Defers to orthopedics with regard to the left shoulder and offers the recommendation only for ECSW therapy."

#### **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 Review (received 7/11/13)
- Utilization Review Determination (dated 7/9/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Manipulation under Anesthesia, pg 300
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 9, Shoulder Complaints, pg 203
- Medical Report from [REDACTED] (dated 6/19/13)
- MRI reports from [REDACTED] (dated 2/15/13)
- Letter from [REDACTED], DC (dated 1/23/13)
- Medical Report from [REDACTED] DC, CCSP, QME (dated 1/3/13)
- Medical Records from [REDACTED] (dated 2/8/12 – 6/4/12)
- Medical Records from [REDACTED] (dated 8/27/12 and 9/26/12)
- Medical Records from [REDACTED] (dated 6/27/13 and 7/16/13)
- Medical Report from [REDACTED], MD (dated 6/1/12)

#### **1) Regarding the request for history and physical with a medical provider for anesthesia clearance :**

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

The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer found no section of the Medical Treatment Utilization Schedule (MTUS) applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG), (current edition), Low Back Chapter, Pre-Op Testing Section, a medical treatment guideline (MTG) not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 5/19/2011 the employee was injured in an industrially related incident. Medical records submitted and reviewed indicate treatment has included; chiropractic visits, pain management, and acupuncture treatment for the back, and MRIs of the cervical spine and left shoulder. A medical report dated 6/19/13 notes diagnoses of cervical, thoracic, lumbar and sacroiliac sprain/strain subluxations (neuromechanical dysfunction) complicated by lower extremity neuropathy and fibrosis. A request was submitted for a history and physical with a medical provider for anesthesia clearance; Fibrosis Release Procedure – Manipulation Under Anesthesia (FRP-MUA) x 3 for the cervical, thoracic, and lumbar spine; one session of extracorporeal shockwave treatment (ESWT), under sedation, for the left shoulder, concurrent with FRP-MUA; and two months follow-up treatment with Dr. [REDACTED] D.C.

The Official Disability Guidelines recommend preoperative testing to reduce surgical risk and guide postoperative management. In this case surgical manipulation of the cervical, thoracic and lumbar spine and subsequent anesthesia has not been deemed medically necessary. Therefore, the request for history and physical with a medical provider for anesthesia clearance **is not medically necessary and appropriate.**

**2) Regarding the request for Fibrosis Release Procedure – Manipulation under Anesthesia(FRP-MUA) x 3 for the cervical, thoracic and lumbar spine:**

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12, Manipulation under Anesthesia, pg. 300, part of the Medical Treatment Utilization Schedule (MTUS), the Official Disability Guidelines (ODG) (2009), Low Back – Lumbar & Thoracic Chapter, Manipulation under Anesthesia Section, a medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 5/19/2011 the employee was injured in an industrially related incident. Medical records submitted and reviewed indicate treatment has included; chiropractic visits, pain management, and acupuncture treatment for the back, and MRIs of the cervical spine and left shoulder. A medical report dated 6/19/13 notes diagnoses of cervical, thoracic, lumbar and sacroiliac sprain/strain subluxations (neuromechanical dysfunction) complicated by lower extremity neuropathy and fibrosis. A request was submitted for a history and physical with a medical provider for anesthesia clearance; Fibrosis Release Procedure – Manipulation Under Anesthesia (FRP-MUA) x 3 for the cervical, thoracic, and lumbar spine; one session of extracorporeal shockwave treatment (ESWT),

under sedation, for the left shoulder, concurrent with FRP-MUA; and two months follow-up treatment with Dr. [REDACTED] D.C.

MTUS ACOEM guidelines indicate that manipulation under anesthesia is not recommended in the management of spine-based musculoskeletal conditions to include chronic pain and/or adhesions or scar tissue. There are no good long-term studies documenting the efficacy of its use, and the procedure has significant risks. The request for Fibrosis Release Procedure – Manipulation under Anesthesia (FRP-MUA) x 3 for the cervical, thoracic, and lumbar spine is **not medically necessary and appropriate**.

**3) Regarding the request for one session of extracorporeal shockwave treatment for the left shoulder under sedation, concurrent with FRP-MUA :**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Shoulder Chapter, ESWT (Extracorporeal Shock Wave Therapy) Section, a medical treatment guideline (MTG) which is not part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer stated no section of the MTUS was applicable and relevant to the issue at dispute. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 5/19/2011 the employee was injured in an industrially related incident. Medical records submitted and reviewed indicate treatment has included; chiropractic visits, pain management, and acupuncture treatment for the back, and MRIs of the cervical spine and left shoulder. A medical report dated 6/19/13 notes diagnoses of cervical, thoracic, lumbar and sacroiliac sprain/strain subluxations (neuromechanical dysfunction) complicated by lower extremity neuropathy and fibrosis. A request was submitted for a history and physical with a medical provider for anesthesia clearance; Fibrosis Release Procedure – Manipulation Under Anesthesia (FRP-MUA) x 3 for the cervical, thoracic, and lumbar spine; one session of extracorporeal shockwave treatment (ESWT), under sedation, for the left shoulder, concurrent with FRP-MUA; and two months follow-up treatment with Dr. [REDACTED] D.C.

The Official Disability Guidelines recommend ESWT for calcifying tendinitis, but not for other shoulder disorders. Surgical intervention in the form of manipulation under anesthesia has not been deemed medically necessary and appropriate. Therefore, the request for one session of extracorporeal shockwave treatment for the left shoulder under sedation, concurrent with FRP-MUA is **not medically necessary and appropriate**.

**4) Regarding the request for two months of appropriate follow-up treatment with Dr. [REDACTED] :**

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

The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer found no section of the Medical Treatment Utilization Schedule (MTUS) applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG), (current edition), Low Back Chapter, Office Visits Section, a medical treatment guideline (MTG) not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 5/19/2011 the employee was injured in an industrially related incident. Medical records submitted and reviewed indicate treatment has included; chiropractic visits, pain management, and acupuncture treatment for the back, and MRIs of the cervical spine and left shoulder. A medical report dated 6/19/13 notes diagnoses of cervical, thoracic, lumbar and sacroiliac sprain/strain subluxations (neuromechanical dysfunction) complicated by lower extremity neuropathy and fibrosis. A request was submitted for a history and physical with a medical provider for anesthesia clearance; Fibrosis Release Procedure – Manipulation Under Anesthesia (FRP-MUA) x 3 for the cervical, thoracic, and lumbar spine; one session of extracorporeal shockwave treatment (ESWT), under sedation, for the left shoulder, concurrent with FRP-MUA; and two months follow-up treatment with Dr. [REDACTED] D.C.

The Official Disability Guidelines recommend a trial of six (6) visits over two (2) weeks for severe conditions including Grade II-III sprains/strains with a maximum of 18 visits over 6-8 weeks with evidence of objective functional improvement and medical necessity. The requested surgical procedures have not been deemed medically necessary and appropriate; therefore, the request for two months follow-up treatment with Dr. [REDACTED] D.C. **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, 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.