
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

5/15/2012

7/17/2013

CM13-0001861

- 1) MAXIMUS Federal Services, Inc. has determined the request for a multidisciplinary evaluation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 a multidisciplinary evaluation **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 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 12, 2013:

"The record review reveals this 30-year-old female presents with a date of injury of 5/15/12. The left shoulder MRI of 3/25/13 showed a mild rotator cuff tendinosis with minimal bursitis. The claimant presented on 6/12/13 with chronic neck pain radiating into left upper extremity without improvement following exercise. Objective findings of painful range of motion cervical spine and painful range of motion of left shoulder with strength of 4/5."

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 (dated 7/17/2013)
- Utilization Review from [REDACTED] (dated 7/12/2013)
- Medical Records from [REDACTED], MD (dated 8/16/12)
- Medical Records from [REDACTED] (dated 11/12/12-6/26/13)
- Medical Records from [REDACTED] (dated 3/25/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2 Pain Interventions and Treatments pgs 20-23

1) Regarding the request for a Multidisciplinary evaluation:

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 (May, 2009), pg. 20-23, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 30-34, which is part of MTUS, to be relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on May 15, 2012 to the left shoulder. The medical records provided for review indicate a diagnosis of cervical strain/sprain with possible left-sided cervical radiculopathy; left shoulder strain/sprain, possible posterior labral tear. The medical report of June 12, 2013 documents chronic neck pain with radiation to the left arm without improvement following exercise, painful range of motion of the neck and left shoulder with weakness. Treatments have included chiropractic care and non-steroidal anti-inflammatory drug (NSAID). The request is for a multidisciplinary evaluation.

The MTUS Chronic Pain Medical Treatment guidelines state, "The purpose of the multidisciplinary evaluation is to determine if the patient is a candidate for the multidisciplinary program. The medical records provided for review indicate that chiropractic care was successful. The latest subjective pain complaints were 2/10, and the employee had the ability to lift up to fifty pounds. There was no documentation indicating whether the employee has "a significant loss of ability to function independently resulting from the chronic pain." The request for a multidisciplinary evaluation **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.