
Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 11/7/2011
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002015

- 1) MAXIMUS Federal Services, Inc. has determined the request for eighteen (18) chiropractic therapy visits **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 eighteen (18) chiropractic therapy visits **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 Preventative Medicine and 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 5, 2013:

“The patient is a 31-year-old male who reported an injury on 11/7/2011. The patient complained of pain to the right wrist and hand. The patient had decreased and painful right shoulder, right wrist and right hand range of motion. There was a positive empty can test on the right and a positive Phalen's on the right also.”

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 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/05/2013)
- Employee Medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for eighteen (18) chiropractic therapy visits :

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 Guidelines (2009) which is a part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The

Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work related injury on 11/7/11, to the right shoulder, wrist and hand. The medical records provided for review indicate treatments have included analgesic medications, transfer of care to and from various providers in various specialties, imaging studies, unspecified amounts of prior manipulative therapy, and reported return to restricted duty work. The request is for eighteen (18) chiropractic therapy visits.

MTUS Chronic Pain guidelines state a total of 18 to 24 sessions of manual therapy/manipulative therapy can be employed over the course of the claim, with objective evidence of functional improvement such as a successful return to work. The guidelines further endorse initial delivery of manipulative therapy over a six session trial with a tapering or reducing the frequency of treatment over time. The records provided for review indicate while the employee has returned to work, there is no clear documentation of how much prior manipulative therapy there has been over the life of the claim. The request for eighteen (18) chiropractic therapy visits 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

/hs

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.