

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	5/17/2004
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002641

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 cervical traction unit **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 1 cervical traction unit **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 1, 2013:

“The patient is a 41-year-old who reported that she used to work as a janitor at [REDACTED]. She reported that her job duties involved lifting, pulling, pushing, and carrying.

The patient is not sure about the date of her injury, but she reported that initially she got hurt. She reported that she was seen at a facility where the company sent her. The patient reported that the recent injury is when she picked up the trash. After that she started to notice discomfort in the left shoulder area. She thought that the symptoms would improve, but since they continued to bother her she reported this to her employer and was sent to a [REDACTED] medical clinic. The patient was seen at the medical clinic, then after that the patient reported that she went and saw a chiropractor. The patient ended up having Left shoulder surgery. The patient reported that she had conservative care, but she is not sure about the various physicians that she has seen.

The patient reported that she was seeing Dr. [REDACTED] either in Fremont or Pleasanton. She reported that she used to get conservative care and she was also getting medications. Since the location of the clinic was too far, the patient has decided to transfer her care closer to her home; hence she comes in for an evaluation today. She reports that she is working modified work.”

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 7/23/2013)
- Utilization Review Determination from [REDACTED] dated 7/01/2013
- Employee medical records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for 1 cervical traction unit:

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

The Claims Administrator did not cite any evidence basis for its decision. The provider did not dispute the lack guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg. 173-174 which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related left shoulder injury on November 29, 2004. The medical records provided for review indicate treatments have included manipulation, left shoulder surgery, conservative care and medications. The request is for a cervical traction unit.

MTUS/ACOEM Chronic Pain Medical Treatment Guidelines state that there is no high grade evidence supports the effectiveness or ineffectiveness of passive modalities such as traction. It states that the modality may be used on a trial basis as a palliative tool but needs close monitoring with emphasis focusing on functional restoration and return of activities of normal daily living. A home traction device does not provide for close monitoring. The request for a cervical traction unit **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

/mbg

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.