

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	4/25/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004701

- 1) MAXIMUS Federal Services, Inc. has determined the request for a thirty day trial of IF unit for bilateral shoulders **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 thirty day trial of IF unit for bilateral shoulders **is 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 Preventive Medicine and Occupational Medicine 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 22, 2013:

History of Condition: This 50 year old male Truck Driver reported he was opening the doors of the truck, and when he opened them a box fell out and hit his left shoulder on 4/25/12. Treatment to date: MRI 7/20/12, 18 PT 5/2012-8/2012, MR Arthrogram 12/12/12 (stable degenerative changes), 12 acupuncture approved 3/2013-6/2013. On 5/8/13 the worker complained of bilateral shoulder pain. He said that he could not lift his left shoulder all the way up. Right shoulder non-tender, positive Neer. Left shoulder tender, positive Neer. The doctor planned acupuncture (12 sessions), HEP, no medications. On 7/3/13 the worker complained of bilateral shoulder pain; left shoulder was tender with positive Neer and Hawkins. Right shoulder exam was without tenderness. Diagnosis: bilateral shoulder pain. REQUEST: 30 day trial of an IF unit for Bilateral Shoulders.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator & Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for a thirty day trial of IF unit for bilateral shoulders:**

Section of the Medical Treatment Utilization Schedule 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), which is part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The Expert

Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 120, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines' criteria for an interferential (IF) stimulation unit on a trial basis include evidence of significant pain that limits the ability to perform an exercise program. In this case, the attending provider has suggested that the IF stimulation be employed in conjunction with a home exercise program. The guideline criteria have been met. The request for a thirty day trial of IF unit for bilateral shoulders **is 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

/ldh

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.