

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	3/11/2008
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006442

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 lab CBC, hepatic and arthritis panel, chem 8 panel, CPK and CRP** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 MR arthrogram of the left shoulder** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **12 sessions of chiropractic treatment** is not medically necessary and appropriate.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 urine drug screen** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 lab CBC, hepatic and arthritis panel, chem 8 panel, CPK and CRP is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 MR arthrogram of the left shoulder is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **12 sessions of chiropractic treatment is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **1 urine drug screen 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.

### Expert Reviewer Case Summary:

58 y.o with injury from 3/11/08. The patient has chronic neck and left shoulder pain, s/p left CTR, ulnar nerve decompression and left shoulder arthroscopic surgery. The patient has had extensive chiro and post-op PT. Co-morbid condition of Parkinson's noted. MRI from 2010 showed disc protrusion at C5-7.

Dr. [REDACTED] report 8/8/13 shows that the patient has 3/10 pain in the neck and shoulder, and full ROM noted in both shoulder and C-spine, although with discomfort. He has a list diagnosis including left shoulder impingement, AC cartilage disorder, subacromial bursitis, s/p shoulder arthroscopy, C6-7 disc protrusion, shoulder adhesive capsulitis (although range of motion (ROM) was noted to be full), and left upper extremity paresthesias.

Dr. [REDACTED] initial report from 6/26/13 requests all of the items listed above. Neck pain at 4-6/10 with radiation into head and left shoulder, numb, tingle, cramping. Left shoulder radiate to proximal left arm, hand and fingers with N/T. The patient has not worked since 2009.

### **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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for 1 lab CBC, hepatic and arthritis panel, chem 8 panel, CPK and CRP:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on Neck and Upper Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8), pg. 164-165, General approach, and the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), pg 194, master algorithm, which are a part of the MTUS.

#### Rationale for the Decision:

After a review of the records provided, this employee suffers from chronic neck and left shoulder pain as well as left upper extremity problems. The employee has had left shoulder surgery and left CTR/ulnar nerve release in the past. The treater would like to get baseline labs. However, these are not indicated. ACOEM Chapters 8 recommends laboratory studies if there are red flags for fracture, tumor or infection. And ACOEM Chapter 9 recommends laboratory studies if there are red flags for subacute cardiac or circulatory disease, fracture, tumor, inflammation, hepatobiliary disease. The treater also does not provide any rationale for wanting to obtain comprehensive labs other than to state that they are for baseline. The employee also has an internal medicine physician that is managing other health issues. For chronic neck shoulder and wrist/elbow pain problems, basic labs are not required and not mentioned in any of the guidelines as any discussion for recommendations. **The request for 1 lab CBC, hepatic and arthritis panel, Chem 8 panel, CPK and CRP is not medically necessary and appropriate.**

## 2) Regarding the request for 1 MR arthrogram of the left shoulder:

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), pg. 207-208 regarding shoulder MRI, which is a part of the MTUS.

### Rationale for the Decision:

After a review of the records provided, this employee has had shoulder arthroscopic surgery. The employee has residual pain at 3/10. The treater has asked for an MR arthrogram without providing a specific rationale other than the employee's baseline pain. MTUS does not discuss MRI and ACOEM does not support indiscriminate use of special studies in the absence of red flags. This employee does not present with any red flags, new injury, change in symptoms to warrant a new study. **The request for 1 MR arthrogram of the left shoulder is not medically necessary and appropriate.**

## 3) Regarding the request for 12 sessions of chiropractic treatment:

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May 2009), pg 58-59, Manual Therapy & Manipulation, which is a part of the MTUS.

### Rationale for the Decision:

After a review of the records provided, this employee has had chiropractic treatments in the past. The treater has asked for 12 sessions of chiro care, but does not discuss how successful prior treatments were. His note from 6/26/13 indicates that the employee started care with a chiropractor in the beginning of the injury but does not discuss how effective it was. No reasons offered as to why the same treatments need to be tried again when it was already tried before. MTUS does not recommend continuing the same treatment without documentation of benefit and/or functional improvement. **The request for 12 sessions of chiropractic treatment is not medically necessary and appropriate.**

**4) Regarding the request for 1 urine drug screen:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, pg. 43, which is part of the MTUS.

Rationale for the Decision:

According to MTUS, drug testing is recommended for opiate management. After a review of the records provided, the employee is not on any medications and none were prescribed. The treator mentions that medications are to be managed through the patient's internal medicine physician. MTUS recommends urine drug screening for opiates use and in this case a tox screen is not indicated as the employee is not on any opiates. **The request for 1 urine drug screen 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,

Paul Manchester, MD, MPH  
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.