

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	3/3/2011
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0007582

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 **HELP program** 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 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.

### **Expert Reviewer Case Summary:**

The applicant is a [REDACTED] teachers aide who has filed a claim for chronic neck pain, chronic shoulder pain, myofascial pain syndrome, and elbow pain reportedly associated with an industrial injury of March 3, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; prior radial head ORIF surgery; subsequent hardware removal; prior right shoulder arthroscopy on May 21, 2012; attorney representation; and work restrictions. It is not clearly stated whether the applicant has returned to work or not with said limitations in place.

In permanent and stationary evaluation of March 6, 2013, the applicant is given a 14% whole person impairment rating. In a utilization review report of July 5, 2013, the claims administrator denied a request for a functional restoration program. The applicant's attorney subsequently appealed. In a July 19, 2013 office visit, the claims administrator appeals the request for the HELP Functional Restoration Program. It is stated that the applicant has chronic pain, exhibits diminished sensorium about the right hand and digits, exhibits well-preserved elbow range of motion, diminished shoulder range of motion, and near normal cervical range of motion. Recommendations are made for the applicant to pursue HELP Functional Restoration Program.

**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 Provider
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for HELP program:**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, pgs. 30-33, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 32, which is part of the MTUS..

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate the criteria for pursuit of chronic pain program or functional restoration program include evidence that precursor evaluation has been completed, evidence of previous means of treatment of chronic pain have proven unsuccessful. There is an absence of other options available to further treat the applicant's pain and evidence that the applicant is willing to forgo disability payments in an effort to improve. In this case, however, there is no evidence that any or all the information criteria have been met. It does not appear that the employee has obtained a precursor evaluation. There is no indication or evidence that the employee has exhausted all other lower levels of care and/or other means of treating chronic pain. Finally, it is not clearly stated that the employee is willing to forgo disability payments in an effort to try and improve. **The request for HELP program 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

/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.