

**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/14/2013
Date of Injury:	2/18/2013
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011306

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 2 times a week for 4 weeks to left shoulder and left hand is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 **physical therapy 2 times a week for 4 weeks to left shoulder and left hand 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:**

The underlying date of injury in this case is 02/18/2013. Multiple reported diagnoses include carpal tunnel syndrome, hand joint effusion, rotator cuff syndrome, tendon sheath ganglion, acromioclavicular sprain/strain, shoulder/arm sprain, elbow/forearm sprain, and lumbosacral sprain. An initial decision in this case notes that the patient received approximately 15 sessions of chiropractic care previously and that recent follow-up notes of 07/10/2013 note range of motion of the shoulder and other clinical factors, although the notes did not discuss a specific indication for formal physical therapy. That initial review also notes that the medical records did not provide a rationale for further supervised rather than independent home rehabilitation. In a note as of 08/20/2013, the treating physician included a requisition documenting the request for physical therapy two times a week for 4 weeks to the shoulder and left hand and an orthopedic consultation for the left shoulder and left hand as well, noting that an MRI of the left shoulder of 06/14/2013 demonstrated a 2-cm tear with retraction of the supraspinatus.

### **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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for physical therapy 2 times a week for 4 weeks to left shoulder and left hand:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9) pg. 201 and 203, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Medical Treatment Guidelines, section on physical medicine, indicate, “Active therapy requires an internal effort by the individual to complete a specific exercise or task...allow for fading of treatment frequency plus active self-directed home Physical Medicine.” Therefore, in this case, the treatment guidelines anticipate that the employee would have transitioned by now to an independent active home rehabilitation program. Moreover, if further physical rehabilitation were indicated, then the guidelines would encourage a specific active physical therapy prescription. In this case, the physical therapy prescription is not specific. Rather, the medical records reviewed reflect some diagnostic uncertainty and a request for consultation regarding the employee’s ongoing symptoms. Therefore, a request for additional physical therapy would be premature given that symptoms have persisted despite past treatment and given the plans for a consultation at this time to clarify the diagnosis and treatment recommendations. **The requested physical therapy 2 times a week for 4 weeks to left shoulder and left hand 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

/srb

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.