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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/22/2013  
Date of Injury: 9/20/2002  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0014016

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 67 year old female with a date of injury of 9/20/02. The patient's diagnoses include impingement syndrome, bilateral shoulders; status post arthroscopic subacromial decompression, bilateral shoulders, with distal clavicle resection; internal derangement, bilateral knees; status post arthroscopic surgery, bilateral knees. The progress report dated 5/2/13 by Dr. [REDACTED] noted that the patient continued to have pain in the shoulders and knees and had not started PT which was authorized in April. The progress report dated 6/3/13 showed that the patient had pain and limited range of motion in the bilateral shoulders and knees. PT x 8 visits were requested for the bilateral shoulders and knees. This was modified to 6 visits of PT for the knees by utilization review on 6/11/13. The 7/15/13 progress report noted that the patient continued to complain of bilateral shoulder and knee pain, but the treating provider did not discuss the patient's response to any physical therapy and requested an additional 8 PT visits for the bilateral shoulders and knees. The progress report dated 9/5/13 by Dr. [REDACTED] noted that the patient only attended 2 of the 8 authorized PT sessions in May and recommended that the patient be provided the remaining 6 sessions of PT as authorized on 4/9/13.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. Physical therapy two times a week for four weeks bilateral knees and shoulders is not medically necessary and appropriate.**

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99 on Physical Medicine, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 8, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines states that "continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The progress report dated 5/2/13 noted that the employee continued to have pain in the shoulders and knees and had not started PT that was authorized in April. The 7/15/13 progress report included with the medical records provided for review noted that the employee continued to complain of bilateral shoulder and knee pain, but the treating provider did not discuss the employee's response to any physical therapy and requested an additional 8 PT visits for the bilateral shoulders and knees. A progress report dated 9/5/13 noted that the employee only attended 2 of the 8 authorized PT sessions in May and recommended that the employee be provided the remaining 6 sessions of PT as authorized on 4/9/13. The requested 8 sessions of PT were not reasonable as the prior PT treatment of the employee did not appear to be evaluated by the treater. **The request for physical therapy two times a week for four weeks bilateral knees and shoulders is not medically necessary and appropriate.**

/MCC

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.

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[REDACTED]

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