

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/2/2013

Date of Injury:

6/29/2006

IMR Application Received:

8/28/2013

MAXIMUS Case Number:

CM13-0017897

- 1) MAXIMUS Federal Services, Inc. has determined the request for **eighteen (18) post operative sessions of physical therapy, for the right shoulder is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **eighteen (18) post operative sessions of physical therapy, for the right shoulder 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 Orthopedic Surgery 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:

This is a 70-year-old gentleman who was injured in a work-related accident on 6/29/06 sustaining injury to, amongst other body parts, his right shoulder. Specific to the right shoulder, the records include a recent utilization review dated 8/2/13 indicating denial for eighteen sessions of post-operative physical therapy. The utilization review indicates reasons for denial as "lack of information", but specifics were not provided. The claimant's most recent clinical progress report is dated 9/24/13 with [REDACTED] for the assessment of status post left total knee replacement, "status post right shoulder surgery times two," insomnia, and gastroesophageal reflux disease. The nature of the surgical procedures was not noted. The date of the surgical processes was also not noted. Specific to the claimant's right shoulder, there is documentation of diminished motion to 88° of flexion, 65° of abduction, and tenderness to palpation over the supraspinatus and positive impingement and empty can testing. Medication was prescribed in the form of Norco, Omeprazole, and Ibuprofen. There is also a request for "authorization for right shoulder rotator cuff repair surgery." An injection of corticosteroid to the shoulder was also performed at that date. As stated, there is a disputed issue of eighteen sessions of post-operative physical therapy.

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:

- [REDACTED]

1) Regarding the request for eighteen (18) post operative sessions of physical therapy, for the right 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 criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pate 98-99 and the Postsurgical Treatment Guidelines, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that physical medical treatment frequency should decrease over time from 3 visits per week to 1 or less with the goal of a self-directed home exercise program. The Postsurgical Guidelines indicate that formal physical therapy would not be indicated. The medical records provided for review do not indicate that surgery to the shoulder had taken place, therefore, the need for post-operative therapy would not be supported in this case. **The request for eighteen (18) post operative sessions of physical therapy, for the right shoulder 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, 18th Floor
Oakland, CA 94612

/sh

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.