

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: 8/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	2/6/2012
IMR Application Received:	7/10/2013
MAXIMUS Case Number:	CM13-0001118

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 physical therapy sessions for the right shoulder and right hip (2 times a week for 6 weeks) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 12 physical therapy sessions for the right shoulder and right hip (2 times a week for 6 weeks) **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the Primary Treating Physician's Progress Report and Authorization Request by Tow [REDACTED] [REDACTED] dated June 17, 2013.

The patient comes back to us today regarding her multiple concerns. She finished her six sessions of physical therapy. She has noted improvement in the left shoulder and right hip condition but her right shoulder continues to bother her. She indicates physical therapy has been helpful for the right shoulder; however, unfortunately now that the therapy sessions have ended, she is continuing with some pain.

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 7/8/13)
- Medical Records by [REDACTED] (dated 2/20/13 to 3/25/13)
- Medical Records by [REDACTED] (dated 3/27/13 to 7/2/13)
- Medical Records by [REDACTED] (dated 2/15/13 to 3/14/13)
- Physical Therapy Evaluation by [REDACTED] (dated 5/7/13 and 5/28/13)
- Medical Records by [REDACTED] (dated 2/20/13 to 3/11/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 9: Shoulder Complaints, pages 201-205
- Chronic Pain Medical Treatment Guidelines (2009), pages 98-99

1) Regarding the request for 12 physical therapy sessions for the right shoulder and right hip (2 times a week for 6 weeks):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite a guideline in its utilization review determination letter. The provider also did not cite a guideline. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 8-9 and 98-99, of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 2/6/2012 and has experienced pain in the right shoulder, left shoulder, low back, and right leg. Treatment to date has included the following: analgesic medications; transfer of care to and from various providers in various specialties; six sessions of chiropractic manipulative therapy; x-rays of the bilateral shoulders, hips and pelvis; unspecified amounts of physical therapy; and extensive periods of time off of work, on total temporary disability. A request was submitted for 12 physical therapy sessions for the right shoulder and right hip (2 times a week for 6 weeks).

The MTUS Chronic Pain Guidelines endorse a general course of 9 to 10 physical therapy sessions to treat myalgias and/or myositis of various body parts. The MTUS Chronic Pain Guidelines suggest on page 8 that demonstration of functional improvement is necessary throughout the function of restoration program in order to justify continued treatment.

The most recent progress report submitted and reviewed, dated 6/17/2013, indicates the employee has completed six sessions of physical therapy. The June 17 note also indicates the employee reports heightened pain and exhibits decreased tenderness and improved range of motion about the hip and left shoulder. There appears to be no reduction in work restrictions and a 5-pound lifting limitation remains in place. The employee's shoulder and hip exams have deteriorated slightly in terms of range of motion since the initial visit of 3/27/2013. The records do not indicate any reduction in dependence on medical treatment. The criteria for continued physical therapy are not met. The request for 12 physical therapy sessions for the right shoulder and right hip (2 times a week for 6 weeks) 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.