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**Notice of Independent Medical Review Determination**

Dated: 9/17/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/8/2013  
Date of Injury: 7/28/2011  
IMR Application Received: 7/16/2013  
MAXIMUS Case Number: CM13-0001669

- 1) MAXIMUS Federal Services, Inc. has determined the request for 21 post-op physical therapy sessions 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 7/16/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 21 post-op physical therapy sessions 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013.

#### CLINICAL SUMMARY:

██████████ is a 43 year old (DOB: 09/02/1969) female California Correctional. The mechanism of injury is not noted. The date of injury was on 07/28/2011, injuring her Right Elbow, Spinal Cord-Neck, Right Shoulder, Right Hand. She is currently return to modified work. The (Right Elbow, Spinal Cord-Neck, Right Shoulder, Right Hand has been accepted by the carrier.

This is a 43 year old (DOB: 09/02/1969) female California Correctional. The date of injury was on 07/28/2011. Patient underwent right shoulder video arthroscopy, arthroscopic subacromial decompression and placement of pain catheter.

Exam on 6/6/13 patient has complaints of numbness, tingling and increased pain with ROM. ROM of the shoulder is noted with abduction at 90 degrees and FF at 95 degrees. Diagnoses include right illegible writing and subacromial Impingement.

### 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 Determination by ██████████ (dated 7/8/13)
- Laboratory Reports by ██████████ (dated 10/1/12 to 6/10/13)
- X-ray Report by ██████████ (dated 9/12/12)
- Medical Records by ██████████, M.D. (dated 8/23/12 to 6/6/13)

- Toxicology Reports by [REDACTED] (dated 10/1/12 to 6/10/13)
- Off Work Order by [REDACTED] (dated 2/14/13)
- Medical Records by [REDACTED], M.D. (dated 9/14/12)
- Medical Records by [REDACTED] (dated 11/2/12 to 4/30/13)
- Medication Summary Report by [REDACTED] (dated 11/15/12)
- Preoperative History and Physical Exam by [REDACTED], M.D. (dated 10/29/12)
- Miscellaneous Medical Records
- Post-Surgical Treatment Guidelines (2009), Shoulder section

**1) Regarding the request for 21 post-op physical therapy sessions for the right shoulder:**

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

The Claims Administrator based its decision on the Postsurgical Treatment Guidelines (2009), shoulder section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 7/28/11 and has experienced pain in the right elbow, spinal cord-neck, right shoulder, and right hand. The patient underwent right shoulder video arthroscopy, arthroscopic subacromial decompression, and placement of a pain catheter. A request was submitted for 21 post-op physical therapy sessions for the right shoulder.

The MTUS Postsurgical Treatment Guidelines recommend that the initial request for post-operative physical therapy should be half of the allowable amount. The allowable amount of therapy sessions following the employee's surgical interventions is 24. The medical records submitted and reviewed indicate that as of 4/30/13 the employee had completed 12 of 12 approved visits specifically for the right elbow. The records do not indicate that the employee had functional improvement to the right elbow and do not indicate any significant conservative care for the right shoulder. The guideline recommends half of the total allowable amount for initial therapy sessions. As such, the request for 21 sessions exceeds the guideline recommended amount. The request for 21 post-op physical therapy sessions 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;

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

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

/sab

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.