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**Notice of Independent Medical Review Determination**

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	4/16/2002
IMR Application Received:	7/17/2013
MAXIMUS Case Number:	CM13-0001784

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 physical therapy sessions for the right shoulder (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 7/17/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 (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 Orthopaedic 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.

The claimant is 56 years with a date of injury on 4/06/02, over 11 years ago. The mechanism of injury and treatment to date are not stated. In fact, the only information provided includes the PR-2 note dated 5/13/13 stating that the claimant has right shoulder soreness. The range of motion is somewhat increased and the pain is decreasing. It states "physical therapy helping some lateral elbow pain, right shoulder range of motion includes forward flexion of 120 degrees, extension is full, internal rotation is diminished, abduction is 120 degrees, right shoulder incision is well-healed." Dr. [REDACTED] has requested additional physical therapy. However, it is not known how long it has been since the surgery, what the claimant's previous range of motion was, or what improvement with therapy there was.

### 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 [REDACTED] (dated 7/8/13)
- Imaging Report by [REDACTED] (dated 12/3/12)
- Progress Report by [REDACTED], Ph.D. (dated 5/15/13)
- Progress Report by [REDACTED], M.D. (dated 1/28/13)
- Progress Report by [REDACTED], M.D. (dated 2/27/13)
- Rehabilitation Progress Report and Physical Therapy Notes (dated 4/22/13 to 6/19/13)
- Medical Records by [REDACTED], M.D. (dated 9/28/12 to 7/16/13)
- Post-Surgical Treatment Guidelines (2009), Shoulder section

**1) Regarding the request for 12 physical therapy sessions for the right shoulder (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 based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), Shoulder Disorders, Table 2, and Post-Surgical Treatment Guidelines (2009), Shoulder section, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also referenced the Official Disability Guidelines (ODG) (2009), Shoulder Chapter, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS Post-Surgical Treatment Guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/16/2002 and has experienced right shoulder soreness. Medical records submitted and reviewed indicate the employee is status post surgical interventions to the right shoulder as of 04/17/2013, and indicate extensive debridement of the rotator cuff, subacromial decompression, acromionectomy, and partial claviclectomy. A request was submitted for 12 physical therapy sessions for the right shoulder (2 times a week for 6 weeks).

A clinical note dated 07/16/2013 indicates the employee presented with range of motion upon forward flexion at 90 degrees, extension 20 degrees, abduction 80 degrees, external rotation at 60 degrees, and internal rotation at 25 degrees. The MTUS Post-Surgical Treatment Guidelines support 24 post-operative physical therapy sessions over 14 weeks for the employee's condition. Although there is evidence that the employee has already had physical therapy, the therapy progress notes submitted do not include the number of sessions attended or any quantifiable objective functional improvements achieved to support continued therapy. The request for 12 physical therapy sessions for the right shoulder (2 times a week for 6 weeks) is not medically necessary or 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

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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.