

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

9/13/2011

7/18/2013

CM13-0001989

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy 3 times a week for 4 weeks 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 7/18/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 physical therapy three (3) times a week for four (4) weeks 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 Family Practice 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 5, 2013

"Nurse Clinical summary: Date of Injury: 09/13/2011 Diagnosis:840.4 History: Per office notes summited. Right shoulder, patient moves the shoulder anteriorly in order to get the arm above the head. Lateral abduction is severely limited do to pain. passive abduction is approx. 20-30 degrees. Dangling the arm still causes traction 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 (dated 07/18/2013)
- Utilization Review by [REDACTED] (dated 07/08/2013)
- Medical Records from [REDACTED] (8/2/2013)
- Medical Treatment Utilization Schedule MTUS

- 1) **Regarding the request for physical therapy three (3) times a week for four (4) weeks 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 Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Table 9-6, part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (current version), Shoulder Chapter, Physical Therapy, a

medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Initial care, pages 201-205 and the Official Disability Guidelines (ODG) (current version), Shoulder Chapter, Physical therapy section, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury on 9/13/11. The submitted and reviewed medical records note shoulder pain and difficulty with range of motion. Diagnoses include: rotator cuff tear, shoulder pain, and adhesive capsulitis right shoulder. Prior treatment has included MRI, right shoulder rotator cuff repair and physical therapy. A request has been submitted for physical therapy three (3) times a week for four (4) weeks for the right shoulder.

MTUS ACOEM guidelines note physical therapy may be considered in addition to analgesics if symptoms and activity limitations continue. However, the guidelines do not specify frequency and duration of treatment for adhesive capsulitis of the shoulder. The Official Disability Guidelines indicate that 16 visits over 8 weeks are recommended for medical treatment of adhesive capsulitis of the shoulder. The submitted medical records indicate that the employee has completed 7 sessions of physical therapy following a rotator cuff repair on 1/12. A review of the medical records indicates shoulder strength and passive elevation were within functional limits. Although the employee has not exhausted the total number of recommended sessions, objective findings do not support continuation of formal therapy. Additionally, the request for 12 additional sessions exceeds guideline recommendations. **The request for physical therapy three (3) times a week for four (4) weeks 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

/srb

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.