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**Notice of Independent Medical Review Determination**

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

5/8/2004

7/24/2013

CM13-0002874

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy x 6 sessions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 x 6 sessions **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 Preventative 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 utilization review denial/modification dated July 15, 2013:

The patient is a 46 year old male with a date of injury of 5/8/2004. The provider has submitted a prospective request for 6 physical therapy sessions.

Per the most recent evaluation by [REDACTED] DPT on 6/25/2013, the patient had completed 10 out of 12 prescribed physical therapy sessions and reported an average right shoulder pain of 6/10 at its worst and 0/10 with no movement. The patient reported most difficulty with lifting objects overhead but noticed an increased pain-free range of motion from physical therapy. Objective findings for the right shoulder included active range of motion of 150 degrees flexion, 135 degrees of abduction with external and internal rotation within functional limits. The patient is taking Vicodin three times per day to assist with pain management. Goals that have been met with the recent physical therapy sessions include independent home exercise program, report sleeping for greater than 3 consecutive hours without increase in right shoulder pain and able to lift 5 pound object overhead without increase in right shoulder pain greater than 3/10 to increase tolerance with work related activities. The patient has partially met the goals of increasing shoulder strength to 5/5 to increase tolerance with performing all job related duties, and increasing shoulder active and passive range of motion to within functional limits to assist with performing activities of daily living. The provider is requesting an additional 6 sessions of physical therapy to regain functional range of motion, strength and decreased right shoulder pain to assist with work duties and activities of daily living.

### 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 (received 7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/15/13)
- **Medical Records requested were not timely submitted for this review**
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for physical therapy x 6 sessions:**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, (no page cited) which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), Shoulder Chapter, which are medical treatment guidelines that are not part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/8/04 and experiences right shoulder pain. The Utilization Review (UR) indicates that the employee has had 10-12 physical therapy visits that have increased flexibility and strength and the employee has successfully started a home exercise program. The request was submitted for physical therapy x 6 sessions.

The MTUS Chronic Pain Guidelines recommends weaning of therapy from three times a week to once a week. Patients are expected to continue exercises at home after directed exercises at physical therapy. The records provided for review document the patient's success in physical therapy with the 10 of 12 visits prescribed. Weaning to a home exercise program is appropriate in this case. The request for physical therapy x 6 sessions **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  
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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.