

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	7/15/2012
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002883

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times a week for six 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 7/24/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 two times a week for six weeks for the right shoulder **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Physical Medicine and Rehabilitation 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 12, 2013:

“This is a patient with a history of right shoulder injury that failed conservative care. Initial request for surgery was denied in UR, but then approved in appeal.

“On 1/16/13, the patient underwent an arthroscopic SLAP repair and SAD.

“The patient has done well post-op, but does have some residual symptoms. That said, most recent report notes 170 degrees of flexion and 4+/5 strength.”

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 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/12/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** physical therapy two times a week for six 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), no chapter or section cited, page 114, part of the MTUS, the Official Disability Guidelines (ODG), Physical Therapy Guidelines, a Medical Treatment Guideline (MTG), not part of the MTUS and the Postsurgical Treatment Guidelines, no section or page cited, part of the MTUS. The Expert Reviewer found the Rotator Cuff syndrome/impingement syndrome, page 26, part of the MTUS, and the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, part of the MTUS, as applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury to the right shoulder on 7/15/12. A review of the submitted medical records indicates treatments have included: arthroscopic SLAP repair and SAD. The records indicate that the employee has failed conservative treatments. The records indicate the employee is doing well after right shoulder surgery on 1/16/13 but is still experiencing some residual symptoms. A request was submitted for physical therapy 2 times a week for 6 weeks for the right shoulder.

MTUS postsurgical treatment guidelines indicate the postsurgical physical medicine treatment period is 6 months. The submitted request of authorization is dated 7/5/13 indicating postsurgical guidelines are partially applicable for this request. The guidelines note an initial course of postsurgical physical therapy (PT) may be prescribed; however, there must be documented evidence of functional improvement before a subsequent course of therapy may be considered. A review of the submitted medical records indicates that the employee believes PT is helping; however, the records do not discuss any functional improvement as a result of prior PT. MTUS Chronic Pain guidelines recommend 8-10 sessions of PT for neuralgia, neuritis, and radiculitis. The request for 12 PT sessions exceeds guideline recommendations. The request is not in accordance with the MTUS postsurgical treatment guidelines or the MTUS Chronic Pain Medical Treatment guidelines. The request for physical therapy 2 times a week for 6 weeks to 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, 18th Floor
Oakland, CA 94612

/db

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.