
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

10/15/2011

7/24/2013

CM13-0002893

- 1) MAXIMUS Federal Services, Inc. has determined the request for post op physical therapy of the left shoulder, three times a week for four weeks **is 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 7/30/2013. 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 post op physical therapy of the left shoulder, three times a week for four weeks **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer 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 15, 2013:

CLINICAL SUMMARY: [REDACTED] is a 34 year old female with a date of injury on 10/15/11. Carrier has accepted Shoulder (Left), Cervical and Thoracic Spine on this claim. She is Temporarily Totally Disabled.

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 7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/15/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** post op physical therapy of the left shoulder, three times a week for four weeks:

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

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines (2009), Shoulder, Rotator cuff syndrome/Impingement syndrome,

pgs. 11-12, 26 which is a part of Medical Treatment Utilization Schedule (MTUS). 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 sustained a work-related injury on 10/15/11. The medical records provided for review indicate a 5/23/2013 left shoulder surgery. The request is for post op physical therapy of the left shoulder, three times a week for four weeks.

The MTUS postsurgical guidelines for subacromial decompression states 24 visits and initial course of care is to be half of this, or 12 sessions. Although the most medical report from 6/12/13 was not provided for review, it is discussed in the utilization review determination. There are no physical therapy (PT) notes, the UR report indicates that the employee had left shoulder surgery on 05/23/2013. The report does not indicate that the employee has had any post-op PT for the 5/23/2013 left shoulder surgery. There was a previous left shoulder surgery on 5/17/2012 and apparently the employee had 12 PT sessions approved on 5/15/2012. This appears to be the initial request for postsurgical PT for the 2nd surgery to the left shoulder that occurred on 5/23/2013. The request for post op physical therapy of the left shoulder, three times a week for four weeks **is 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

: *see*

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.