
Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

Claim Number:

Date of UR Decision:

7/22/2013

Date of Injury:

9/2/2005

IMR Application Received:

7/25/2013

MAXIMUS Case Number:

CM13-0003198

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two per week times four weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 per week times four 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 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 22, 2013:

Rationale for Determination

The documentation indicates that the claimant is a 58-year-old who underwent a left shoulder surgery on 02/19/13. The claimant still has continued pain and functional limitations. Physical examination shows limited and painful range of motion. Current request is physical therapy.

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
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy two per week times 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 Official Disability Guidelines (ODG), Current Version, Shoulder Procedure, not part of the MTUS, and the Post-surgical Treatment Guidelines, part of the MTUS. The Expert Reviewer found the Post Surgical Treatment Guidelines, page 27, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the shoulder on 9/02/2005. The submitted and reviewed medical records indicate that on 2/19/2013, the employee had multiple surgical procedures on the left shoulder. Additional treatment included medication and an unknown number of physical therapy sessions. A medical report on 7/16/2013 indicated that the employee had continued pain and restricted daily activity with functional limitations. A request was submitted for physical therapy two times per week for four weeks.

MTUS Post-Surgical Guidelines indicate 24 visits over 14 weeks for shoulder arthroscopic surgery. There are no physical therapy notes provided. The records indicate the claimant has undergone physical therapy, surgery and post-op physical therapy. A medical report dated 04/16/2013 indicates the employee was responding well with physical therapy. However, the records do not indicate exactly how many physical therapy visits were provided to date, the efficacy of those physical therapy visits and objective data such as range of motion, pain scores, or strength. The request for physical therapy two per week times four weeks **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

/bh

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.