

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	6/15/2012
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003614

- 1) MAXIMUS Federal Services, Inc. has determined the request for **continued physical therapy three (3) times a week for four (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 7/26/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 **continued 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 Occupational 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.

Expert Reviewer Case Summary:

This patient is a 52 year old female who had arthroscopic surgery for labral and partial undersurface insertional rotator cuff tear. She has had 24 post operative physical therapy (PT) sessions. There were no PT notes available for review, however the primary treating provider notes state the patient still has pain and does not indicate a benefit in pain from PT, but had increased range of motion with home exercises after her PT had stopped. There is no specific plan or treatment listed for the request of 12 additional PT sessions. The patient is working full time.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for continued physical therapy three (3) times a week for four (4) weeks for the right shoulder:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Post-Surgical Guidelines, Rotator cuff syndrome/impingement syndrome and CA MTUS, Physical Therapy, page 474, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, Rotator cuff syndrome/Impingement syndrome, page 28, which is part of the MTUS.

Rationale for the Decision:

The California Post-Surgical guidelines for rotator cuff syndrome recommend 24 visits over 14 weeks for a period of six months. A review of the medical records indicates the employee did not have a complete rotator cuff tear. The employee had a good outcome with 24 visits of PT and was tolerating home exercises with improved range of motion (ROM). The request for an additional 12 PT visits exceeds guideline recommendations. **The request for continued 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

/lkh

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.