

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

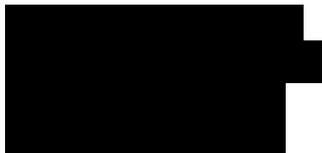
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Notice of Independent Medical Review Determination

Dated: 11/1/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	11/1/2011
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003824

- 1) MAXIMUS Federal Services, Inc. has determined the request for six (6) physical therapy sessions for bilateral 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 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 six (6) physical therapy sessions for bilateral shoulder **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a Licensed Chiropractor and Licensed in Acupuncture, 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 10, 2013:

Nurse Clinical summary: DOI:11/01/11 A 58 year old male he has noted 50 percent improvement in his neck and bilateral shoulder pain since course of chiropractic treatment. Cervical extension is reduced to measured 30 degrees, right and left rotation is 35 degrees, He does not have full elevation of his right/left shoulder but there is pain his right is more limited than his left. Impingement sign is positive on the left. Apley's inferior is markedly limited on he left. There are still palpable spasms of the posterior cervical and parascapular region. His thumb L4 on right and L4 on the left. Neer's and Hawkins signs is positive. Completed 22 physical therapy visits and requesting additional Physical Therapy; 6 Sessions for Bilateral Shoulder.

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, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for six (6) physical therapy sessions for bilateral 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 Official Disability Guidelines (ODG) Shoulder Chapter, Arthritis section, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Physical Medicine section, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Physical Therapy Guidelines, Shoulder section, which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 11/1/2011, and experiencing neck and bilateral shoulder pain. Treatment to date has included chiropractic treatments, physical therapy, and medication. The request is for six (6) physical therapy sessions for bilateral shoulder.

Chronic Pain Medical Treatment Guidelines indicate the recommended number of physical therapy visits for neuralgia is 8-10 visits over 4 weeks. ODG chronic shoulder guidelines recommend 10 visits over 8 weeks for impingement and 9 visits over 8 weeks for general arthritis. Medical records submitted and reviewed indicate the employee has had an excess of 10 sessions of physical therapy. Medical records indicate the employee has had a combined 47 physical therapy and chiropractic treatment sessions since 2/7/2013. There is no documentation to suggest that the employee needs more physical therapy. **The request for six (6) physical therapy sessions for bilateral 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

/ldh

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.