

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/18/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 4/27/2013
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0003841

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional physical therapy three (3) times a week for four (4) weeks for the left shoulder **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a CT scan of the left shoulder **is 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 additional physical therapy three (3) times a week for four (4) weeks for the left shoulder **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a CT scan of the left shoulder **is 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 18, 2013:

History of Condition:

This is a 33-year-old male with a 4/27/2013 date of injury, who was working on a car that was suspended in the air on a lift. He went to jump down from the car when the hand he was supporting himself with lost grip, causing him to fall down into the pit injuring wrist and shoulder. 7/9/13 doctor's first report indicates persistent left shoulder pain. Physical exam demonstrates tenderness over the left clavicle and decreased left shoulder range of motion. 6/19/13 MR arthrogram of the left shoulder demonstrates mild supraspinatus tendinopathy and a small peri-labral cyst. Treatment to date has included left shoulder surgery, physical therapy x 18, medication, and activity modification.

The request is for 1. Additional PT 3x4 to left shoulder (to total 30 sessions for life of claim)
2. CT scan left 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 for Independent Medical Review
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for additional physical therapy three (3) times a week for four (4) weeks for the left 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), Pain, Suffering, and Restoration of Function Chapter, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine section, which are part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the MTUS Chronic Pain Guidelines, (2009), Physical Medicine section.

Rationale for the Decision:

The employee was injured on 4/27/13 after falling on the shoulder and was diagnosed with a shoulder contusion. Treatment has included left shoulder surgery, prior physical therapy, and activity modifications. He was diagnosed with a contusion. The request is for additional physical therapy three (3) times a week for four (4) weeks for the left shoulder.

The MTUS Chronic Pain guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The MTUS Chronic Pain guidelines make the following recommendations: for myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; for neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and for reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Medical records submitted and reviewed indicate that the employee has had 8 prior physical therapy sessions and the current request is for 12 additional sessions. The additional 12 sessions exceed the guideline recommended amount. The request for additional physical therapy three (3) times a week for four (4) weeks for the left shoulder **is not medically necessary and appropriate.**

2) Regarding the request for a CT scan of the left shoulder:

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), Shoulder, Computerized Tomography (CT) section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Shoulder Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 207- 209, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 4/27/13 after falling on the shoulder and was diagnosed with a shoulder contusion. Treatment has included left shoulder

surgery, prior physical therapy, and activity modifications. He was diagnosed with a contusion. The request is for a CT scan of the left shoulder.

The CT appears to be in accordance with ACOEM guidelines. This was not a routine study and the employee has a history of prior fracture of the clavicle with non-union since 2010. The employee has had recent trauma, moderate to severe pain, loss of motion, x-rays negative for acute fracture, and failure to response after 6 weeks of physical therapy, medications and activity modification. The request for a CT scan of the left shoulder **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

/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.