

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/23/2013 |
| Date of Injury: | 7/21/2006 |
| IMR Application Received: | 7/29/2013 |
| MAXIMUS Case Number: | CM13-0004225 |

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 outpatient physical therapy for the right shoulder, two times per week over six 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.

Expert Reviewer Case Summary:

The patient is a 71-year-old female who reported a work related injury on 07/21/2006. Subsequently, the patient is status post right rotator cuff repair as of 11/02/2012 and is under the care of Dr. [REDACTED]. Clinical note dated 07/01/2013 reports that the patient was seen for follow-up under the care of Dr. [REDACTED]. The provider documents that the patient continues with complaints of slight pain and utilizes Vicodin as needed. The provider documented physical exam of the right shoulder revealed forward flexion of 150 degrees, abduction of 140 degrees, and external rotation at 75 degrees. The provider documents that the patient reports less pain with range of motion. The provider documented that the patient had mild deltoid atrophy and weak abduction motor strength. The provider documented that the patient utilizes an independent home exercise program and is awaiting approval of continued physical therapy interventions.

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 Outpatient additional physical therapy for the right shoulder, two times per week for six weeks :

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 MTUS Guidelines.

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, Shoulder section, which is part of the MTUS.

Rationale for the Decision:

As the employee had undergone a significant course of therapy, the requested additional treatments exceed the California MTUS recommendation. The most recent evaluation failed to reveal any significant deficits that would necessitate provider-driven care. Currently, the clinical notes lack evidence of any physical therapy progress reports documenting the employee's course of treatment, with regards to duration, frequency and efficacy. The California MTUS Postsurgical Guidelines support 24 visits over 14 weeks for this diagnosis. **The request for additional outpatient physical therapy for the right shoulder, two times per week for six 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/cmol

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.