

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270

MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

11/4/2011

7/29/2013

CM13-0004296

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy, right shoulder QTY: 12.00** 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 7/16/2013. 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 **physical therapy, right shoulder QTY: 12.00** 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 51-year-old who reported a work related injury on 11/04/2011 as a result of a fall. The patient is status post right shoulder arthroscopic surgery as of 07/10/2012, indicative of a subacromial bursectomy and subacromial decompression mini Mumford procedure. MRI arthrogram of the patient's right shoulder dated 05/30/2013 signed by Dr. [REDACTED] revealed (1) supraspinatus tendinosis with no rotator cuff tear; (2) no plane of tear was seen within the labrum but there were small paralabral cysts seen posterolaterally and inferiorly, the findings are suspicious for scar tears of the posterior and inferior labrum. The clinical note dated 06/05/2013 reports a followup of the patient with the primary treating provider for this injury, Dr. [REDACTED] who documents the patient continues to have pain to the right shoulder with difficulty with range of motion and spasms of the cervical spine. Upon physical exam of the patient, the provider documents the patient has trapezial spasms and pain over the anterolateral aspect of the right shoulder. The patient also continues with decreased range of motion, mainly some posterior capsular tightness. The provider documented the patient would benefit from further physical therapy, mainly for capsular stretching and myofascial release. In addition, the provider recommended imaging of the lumbar spine, Terocin cream, and Relafen.

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:

[REDACTED]

1) Regarding the request for physical therapy, right shoulder QTY: 12.00 :

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 Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, Clean Copy, page 27, which is part of the MTUS.

Rationale for the Decision:

The Postsurgical Treatment Guidelines indicate that an “Initial course of therapy” is one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The guidelines recommend 24 visits over 14 weeks for postsurgical treatment of a sprained shoulder, rotator cuff. The medical records provided for review do not show evidence of continued physical therapy after surgery, and the most recent physical exam does not show quantifiable measurements of the employee’s range of motion or motor strength to the right arm. In addition, the medical records do not show evidence of the total amount of physical therapy interventions provided to date for the employee’s right shoulder. **The request for physical therapy, right shoulder, 12 visits 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: 

/pas

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.