

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/12/2013 |
| Date of Injury: | 7/30/2009 |
| IMR Application Received: | 7/29/2013 |
| MAXIMUS Case Number: | CM13-0004297 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy - bilateral shoulders - three (3) times a week for six (6) 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 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 - bilateral shoulders - three (3) times a week for six (6) 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 Preventive Medicine and 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:

The claimant is a male, with reported multiple injury dates to multiple body parts. He has had a right shoulder surgery. It was noted recently that the claimant has much improved pain in the shoulder, negative impingement tests, and only slightly decreased shoulder range of motion.

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 physical therapy - bilateral shoulders - three (3) times a week for six (6) 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 CA MTUS, Physical Therapy, pg. 474.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, pages 8 and 99, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Medical records submitted and reviewed indicate the employee has had 13 sessions of treatment in 2013 seemingly in excess of the 9- to 10-session course endorsed by the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. There is, however, no evidence of functional improvement following completion of the same. The employee remains off of work, and highly reliant on medical treatment and office visits with multiple providers in multiple specialties including the primary treating physician, an orthopedist, and a psychiatrist. Failure to return to work and failure to reduce dependence on medical treatment argues against functional improvement with prior physical therapy. Guidelines state, there must be demonstration of functional improvement at various milestones in any functional restoration program so as to justify continued treatment. The guideline criteria have not been met. **The request for physical therapy - bilateral shoulders - three (3) times a week for six (6) 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

/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.