

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	2/28/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004409

- 1) MAXIMUS Federal Services, Inc. has determined the request for 8 physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a physical therapy consult **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 7/18/2013. 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 8 physical therapy sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a physical therapy consult **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:**

“35-year-old with 2/28/11 injury, left shoulder from slip and fall, currently experiences neck and shoulder pain. The patient is s/p SLAP repair on 9/9/11 and has had 30 postoperative PT. The patient has persistent pain with limited range of motion and shoulder weakness. Chiro treatments were unsuccessful.”

### **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 (received 7/29/2013)
- Utilization Review Determination [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for 8 physical therapy sessions:**

#### 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 (2009), pages 98-99, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/28/2011 and currently experiences neck and shoulder pain. The employee is status post SLAP repair on 9/9/11 and has had 30 postoperative physical therapy visits. The employee has persistent pain with limited range of motion and shoulder weakness. Chiropractic treatments have been unsuccessful. A request was submitted for 8 physical therapy sessions.

The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.

It appears that the employee's chiropractic treatments were directed at the cervical spine and not the left shoulder. The employee continues have pain in the shoulder. A record dated 5/20/13 indicates that the employee has been authorized for 6 sessions of therapy but there is no indication that this therapy was carried out. It is not clear whether or not this authorization for "therapy" was for chiropractic therapy or physical therapy. It has now been over 18 months since the employee has had any physical therapy. The requested physical therapy for 8 sessions to address the employee's persistent shoulder pain is supported by the guideline, and the prior chiro treatments appear to have been limited to the employee's neck problems. The request for 8 physical therapy sessions is medically necessary and appropriate.

**2) Regarding the request for physical therapy consult :**

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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 3, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the ACOEM Guidelines, Chapter 7, which is not part of the MTUS. The Expert Reviewer relied on the ACOEM Guidelines, pages 83, 113 and 115, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/28/2011 and currently experiences neck and shoulder pain. The employee is status post SLAP repair on 9/9/11 and has had 30 postoperative physical therapy visits. The employee has persistent pain with limited range of motion and shoulder weakness. Chiropractic treatments have been unsuccessful. A request was submitted for physical therapy consult.

The ACOEM Guidelines do not recommend ongoing physical therapy without meaningful improvement. The records submitted and reviewed indicate the employee already completed a full course of chiropractic treatments including manual therapy, physiotherapy, exercise, diet/nutrition counseling, and lifestyle coaching. Further, the provider does not explain why this employee requires additional treatments other than to address the complaints of subjective pain. The request for physical therapy consult 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,

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

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

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