

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/2/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	8/29/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004578

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy three (3) times a week for six (6) weeks for the left shoulder** 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 7/23/2013. 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 three (3) times a week for six (6) weeks for the left shoulder** 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:

All 118 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 29, 2011.

Thus far, he has been treated with the following: Analgesic medications; arthroscopic capsular release and debridement of the superior labral tear in June 2012; unspecified amounts of physical therapy; open reduction and internal fixation of the humeral fracture; and reported return to work.

Per a prior utilization review report of July 23, 2013, the claimant has had 53 cumulative sessions of treatment. The utilization reviewer selected the MTUS postsurgical guidelines.

The most recent progress report of June 26, 2013 is notable for comments that the applicant is working modified duty as an electrician. He presently has a 25-pound lifting restriction. He states that this can be improved. He exhibits 150 degrees of flexion and abduction about the injured shoulder with 5/5 strength appreciated. Recommendations are made for the claimant to pursue 18 additional sessions of treatment. The claimant is advanced to regular duty work.

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 three (3) times a week for six (6) weeks for the left shoulder:

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, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 99, which is part of MTUS.

Rationale for the Decision:

The employee has had prior cumulative treatment (53 sessions); seemingly well in excess of the 9- to 10-session course recommended in the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The employee has seemingly responded favorably to the same, and the range of motion and strength are at or approaching baseline, pre-injury parameters. The employee has been advanced to regular duty work. It appears, that the employee possesses sufficient residual function so as to transition to regular work and home exercises of his own accord without a need for further physical therapy, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, which endorse home exercises, active modalities, and self-directed therapy. **The request for physical therapy three (3) times a week for six (6) weeks for the left shoulder 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

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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.