

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	4/6/2012
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004854

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy three (3) times a week for four (4) weeks for the right shoulder is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/17/2013. 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 four (4) weeks for the right 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 medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED] is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with industrial injury of April 6, 2012.

Thus far, she has been treated with the following: Analgesic medications; work restrictions; transfer of care to and from various providers and various specialties; MRI of the injured shoulder of August 17, 2012, notable for a partial thickness supraspinatus tendon tear; unspecified amounts of acupuncture; a shoulder corticosteroid injection; and reported return to regular duty work (on paper).

Prior note of November 16, 2013, suggested that the applicant has retired from the workplace.

A utilization review report of July 11, 2013, recommends non-certification of 12 sessions of physical therapy.

A recent progress note of June 27, 2013, is notable for comments that the applicant reports persistent shoulder pain, exacerbated by motion. 4/5 upper extremity strength is noted. Shoulder flexion is limited to 98 degrees. Recommendations are made for the applicant to pursue both physical therapy and acupuncture.

**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:



**1) Regarding the request for physical therapy three (3) times a week for four (4) weeks for the right 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 Page 99, which is part of MTUS. The Claims Administrator also based its decision on The Official Disability Guidelines (ODG) which is not part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chronic Pain Medical Treatment Guidelines, Page 98, which is part of MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines endorse active therapy, active modalities, and a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts. In this case, the amount of therapy being sought (12 sessions) is in excess of the general course endorsed in the MTUS. Guidelines further endorse tapering the frequency of physical therapy over time and placing greater reliance on active modalities and self-directed home therapy. The MTUS-adopted ACOEM Guidelines in Chapter 3, furthermore, suggested that the value of therapy increases with clear communication of the treatment goals and diagnoses between the attending provider and treating therapist. In this case, however, no clear treatment goals or directives were stated. It is not clearly stated whether or not the employee is considering surgical intervention or not. **The request for physical therapy three (3) times a week for four (4) weeks for the right 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, 18<sup>th</sup> 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.