

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	11/21/2012
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005179

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy 2x2 visits 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 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 **additional physical therapy 2x2 visits 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:**

The patient reportedly sustained a right shoulder injury on 11/21/2012. The patient has been treated with analgesic medications, transfer of care to and from various providers in various specialties, 18 sessions of physical therapy to date, and reported return to regular work. In a utilization review report dated 7/19/2013, the utilization reviewer denied a request for four additional physical therapy sessions. The only clinical note provided for review is dated 7/16/2013, which is a progress note suggesting the patient should undergo four additional sessions of physical therapy while returning to regular 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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for additional physical therapy 2x2 visits 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 ACOEM Guidelines 2<sup>nd</sup> Edition, Chapter 9, pages 203-204, which are part of the MTUS, and the Official

Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy and Exercise sections, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99, and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 3, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines state the value of physical therapy increases with clear communication of the treatment goals, operating diagnosis, and specific lesions causing a patient's symptoms. The records provided for review do not include documentation that the treating provider has furnished any such clear directives, goals, diagnosis, to the treating therapist. The only clinical note is a status report dated 7/16/2013. The documentation indicates the employee has had 18 sessions of prior physical therapy sessions, which is in excess of the 9- to 10-session course recommended for myalgias and/or myositis of various body parts in the Chronic Pain guidelines. In this case, the employee has demonstrated functional improvement by returning to regular duty work. In the absence of supporting documentation via narrative progress notes and clear description of physical therapy goals, additional physical therapy is not supported. **The request for additional physical therapy 2x2 visits 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

/sab

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.