

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	6/13/2011
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005810

- 1) MAXIMUS Federal Services, Inc. has determined the request for physical therapy for the right shoulder 2 times a week for 6 weeks **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 for the right shoulder 2 times a week for 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 applicant, Mr. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic right shoulder, reportedly associated with an industrial injury of June 13, 2011.

Thus far, he has been treated with the following: Analgesic medication; prior right shoulder rotator cuff repair surgery on January 10, 2013; transfer of care to and from various providers in various specialties; and extensive periods of time off from work.

In a utilization review report of July 10, 2013, a request for 12 sessions of treatment was partially certified as six additional sessions of treatment.

A prior clinical progress note of May 22, 2013, is notable for comments that the applicant is making a slow recovery. Shoulder range of motion is limited with flexion of 110 degrees. The applicant is still using Vicodin for pain relief and remains off work, on total temporary disability.

### **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 Claim Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for physical therapy for the right shoulder 2 times a week for 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 the Medical Treatment Utilization Schedule.

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, which is part of MTUS.

Rationale for the Decision:

MTUS states that postsurgical treatment can be discontinued at any point in the postsurgical physical medicine period if there is no clear evidence of functional improvement. In this case, there was no clear evidence of functional improvement following completion of the 18 prior sessions of physical therapy documented by the claims administrator. The employee had failed to return to work. The employee remained off work, on total temporary disability. There is likewise no evidence of functional improvement in terms of activities of daily living or diminished reliance on medical treatment. The fact that the employee remained on Norco and exhibited significant residual physical impairment further argues against functional improvement. **The request for physical therapy for the right shoulder 2 times a week for 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, 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.