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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/23/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/24/2013
Date of Injury:	9/4/2003
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006520

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and Texas. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported a work related injury on 09/04/2003, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses, status post right carpal tunnel release, status post right shoulder arthroscopy and subacromial decompression x2, sub-electric left carpal tunnel syndrome, and repeat left shoulder arthroscopy with subacromial decompression, Mumford procedure, and labral/rotator cuff debridement, that procedure was performed on 07/03/2012. The clinical notes evidence as of 09/25/2012, the patient had completed 20 sessions of physical therapy at 3 times per week for 4 weeks and 2 times per week for 4 weeks. The provider, Dr. [redacted] recommended the patient continue with therapeutic interventions for her left shoulder pain complaints. The clinical note dated 07/01/2013 reports the patient was seen in follow-up under the care of Dr. [redacted]. The provider documents the patient has completed 3 of 6 authorization recent physiotherapy sessions. The patient reported improvement to the cervical spine and the bilateral shoulders. The patient performs home exercise program. The provider documents the patient reports right shoulder continues to be painful with weakness. The patient notes occasional difficulty rotating the neck to the right. The patient reports left shoulder pain comes and goes and improves with motion following operative interventions. The patient continues to utilize Norco 2.5 mg 2 by mouth daily, Fexmid 7.5 mg and Sonata 10 mg by mouth at bedtime. The provider documented examination of the cervical spine revealed tenderness to palpation over the paraspinal musculature, right side greater than left in trapezius muscles; mild right trapezius spasm was noted. Compression test elicits lower cervical spine pain only. Range of motion of the cervical spine was measured as follows, flexion was 42 degrees, extension 40 degrees, right rotation 53 degrees, left rotation 59 degrees, right lateral flexion was 5 degrees, and left lateral flexion was 44 degrees. Examination of the right shoulder revealed well healed portal scars, tenderness to palpation over the parascapular musculature and trapezius muscles. Range of motion of the right shoulder was as follows, flexion was 110 degrees, extension 42 degrees, abduction 95 degrees, adduction 34 degrees, internal rotation 53 degrees, and external rotation was 85 degrees. The patient reported painful arc above 95 degrees in flexion and abduction. The provider

recommended the patient complete the remaining 3 sessions of authorization physiotherapy and requested an additional 6 sessions as shoulder motion was gradually improving.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Request for six (6) physical therapy sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, (2009), Section on Physical Therapy, which is part of the MTUS and the Official Disability Guidelines, (ODG), Section on Shoulder, (Acute/Chronic), which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines "allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home exercise medicine." Clinical notes evidence that the employee has utilized multiple sessions of physical therapy for her bilateral shoulder complaints. The employee has undergone multiple surgical procedures to the bilateral shoulders, with poor progression of treatment noted with physical therapy interventions. Given that the employee's last operative procedure was performed in 07/2012 to the left shoulder, at this point in the employee's treatment, an independent home exercise program would be indicated.
The medical documentation provided reflects that the employee was utilizing an independent home exercise program in addition to supervised therapeutic interventions. Given the employee's lack of significant progression with multiple sessions of supervised therapy, the request for 6 physical therapy is not appropriate. The request for six (6) physical therapy sessions is not medically necessary and appropriate.

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