

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	6/18/2011
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007780

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional outpatient post-operative Physical Therapy six sessions to the right shoulder is **not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 outpatient post-operative Physical Therapy six sessions to 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 Physical Medicine and Rehabilitation 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 claimant is a 51-year-old female who is noted to have injured her shoulders on 06/18/2011; the mechanism was lifting pans of food and boxes on a repetitive basis to the shoulder level as well as above overhead. She ultimately underwent a 01/30/2013 right shoulder arthroscopy, partial debridement of the labrum, subacromial decompression, and coracoacromial ligament resection. A 07/02/2013 Qualified Medical Re-Evaluation was performed by [REDACTED], MD where he indicated the claimant was with subjective complaints of neck pain with radiating pain to the upper extremity stating she attended 26 sessions of therapy for her shoulder as of that date. Her physical examination findings showed the right shoulder to be with 140 degrees of forward flexion and abduction, 5/5 motor tone with the exception of 25% loss in external rotational strength, positive impingement signs, and negative apprehension. Diagnoses include right shoulder rotator cuff tendinosis, bursitis, impingement, and status post surgery with "incomplete recovery." Follow-up assessment with [REDACTED], MD on 08/01/2013 stated the claimant is still with bothersome complaints of shoulder pain. Objectively, there was noted to be 165 degrees of forward flexion and 160 degrees of abduction with less tenderness to palpation and "much improved" internal and external rotation. He recommended continuation of formal physical therapy. Treatment plan is for 6 additional sessions of formal physical therapy to the claimant's right shoulder in her postoperative setting.

**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 additional outpatient post-operative Physical Therapy six sessions to 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 Post-surgical Treatment Guidelines, which is part of the MTUS.

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

**Rationale for the Decision:**

Based on the Postsurgical rehabilitative guidelines regarding postoperative physical therapy following subacromial decompressive procedure and debridement, continued therapy would not be indicated. At present, the employee is greater than 9 months following time of surgical process that consisted of a subacromial decompression and labral debridement. The records indicate that 26 sessions of postoperative therapy have been utilized as of 07/2013. Guidelines recommend up to 24 sessions in the postoperative setting. The last clinical assessment for review of 08/01/2013 showed the employee was making strides in terms of range of motion with diminished complaints and there was no documented objective finding of weakness. There is no documentation to support the need for additional therapy beyond the sessions that have already been completed. **The request for 6 additional outpatient post-operative physical therapy to 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  
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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.