

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the physical therapy, three sessions per week times four weeks requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/3/2013 disputing the Utilization Review Denial dated 3/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/22/2013. 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 physical therapy, three sessions per week times four weeks requested **is not medically necessary and appropriate.**

### **Medical Qualifications of the Professional 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 has a subspecialty in Pain 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 professional 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 15, 2013.

“The patient is a 56 year old male patient s/p injury 1/30/2013. At the time of this request, this injury was about 5 weeks old. There is a diagnosis of a full thickness supraspinatus tear of the left shoulder with an MRA just recently certified and pending. Physical therapy is specifically requested for scapular-based rehabilitation to work on improving scapular function and decrease pain prior to rotator cuff strengthening.”

### **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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 3/18/2013)
- Workers' Compensation Claim Form (dated 1/30/2013)
- Doctors First Report of Occupational Injury or Illness (dated 1/30/13)
- Primary Treating Physician's Progress Report (dated 2/11/13 thru 2/26/13)
- Request for Authorization for Medical Treatment (dated 2/11/13 thru 2/26/13)
- Employee's Medical Records by [REDACTED] (dated 5/2/2013)
- Employee's Medical Records by [REDACTED] (dated 1/30/13 thru 3/1/13)
- Employee's Medical Records by [REDACTED] (dated 4/5/13)
- Employee's Medical Records by [REDACTED] (dated 3/5/15 thru 5/2/13)
- Employee's Medical Records by [REDACTED] (dated 2/18/13 thru 5/10/13)

- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 9, Shoulder Complaints, pg 207 – 209
- Official Disability Guidelines (ODG), Physical Therapy guidelines

**1) Regarding the request for physical therapy, three sessions per week times four weeks**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 9, Shoulder Complaints, pg 207 – 209, and on the Official Disability Guidelines (ODG), Physical Therapy guidelines of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a shoulder injury due to a fall on 1/30/13. Medical records include documentation on magnetic resonance imaging with contrast of a full thickness rotator cuff tear. The employee has participated in six sessions of physical therapy to date. The medical records indicate the physical therapy sessions have failed to produce functional benefit, and the patient's symptoms have worsened. The Official Disability Guidelines recommend continuation of physical therapy contingent upon objective, functional improvement. The request for physical therapy, three sessions per week times four 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
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.