
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for 6 physical therapy sessions for right shoulder and elbow **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/29/2013 disputing the Utilization Review Denial dated 5/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. 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 6 physical therapy sessions for right shoulder and elbow **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 18, 2013.

“SUMMARY OF TREATMENT/CASE HISTORY: This 63-year-old female sustained an industrial injury on 4/17/13. The mechanism of injury was repetitive motion, and she reported pain in her right arm and shoulder. Her diagnoses were moderate lateral epicondylitis and shoulder tendonitis/tenosynovitis. A review of the records indicated that she was being treated with medications, physical therapy, injections and modified work. The PR-2 report, dated 5/10/13, indicated that she had improvement in her pain post-injection the prior week and with physical therapy. She reported 7/10 pain. On the right elbow exam, she had normal range of motion (ROM), mild tenderness to the lateral epicondyle, and normal muscle strength and tone prominent tendon calcification. On right shoulder exam, she had tenderness over the posterior lateral supraspinatus and full ROM. There was slight improvement noted in her physical findings. The recommendation was to continue with physical therapy. She was discharged to modified work with follow-up on 5/31/13. The physical therapy report, dated 5/10/13, indicated that she had completed 6 physical therapy visits and had 7/10 constant right shoulder pain. Her right elbow was better. Additional therapy was recommended. EXPLANATION OF FINDINGS: NON-CERTIFIED - 6 physical therapy sessions to the right shoulder and right elbow The California MTUS/ACOEM Guidelines, 2nd Edition, Chapter 9, Shoulder Complaints - Initial Care states, "Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program." Furthermore, Table 3, states "Prescribed Physical Methods: Initial and follow-up visits for education, counseling, and evaluation of home exercise." In addition, the California MTUS/ACOEM Guidelines state regarding the elbow, "It should be expected that most patients with more severe conditions receive 8-12 visits over 6-8 weeks, as long as functional improvement and program progression

are documented. Patients with mild symptoms may require either no therapy appointments or only a few appointments. Those with moderate problems may require 5-6 visits....In the event that the patient is either incapable of performing home exercises, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended." The documentation indicated that she had completed 6 physical therapy visits and complained of shoulder pain, although her elbow was better. She had normal shoulder strength and range of motion (ROM). As she had a benign exam and had completed 6 physical therapy visits, it is reasonable for her to transition to a home exercise program (HEP). Hence, the request is non-certified."

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 Determination by [REDACTED] (dated 5/18/13)
- Physician Review Recommendation by [REDACTED] (dated 5/17/13)
- Employee's Medical Records by [REDACTED] (dated 4/19/13 to 5/10/13)
- Employee's Medical Records by [REDACTED] (dated 4/23/13 to 5/10/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 9 (pages 203-204) and Chapter 10 (pages 235-236)

1) Regarding the request for 6 physical therapy sessions for right shoulder and elbow:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 9 (pages 203-204), of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited ACOEM – Chapter 10 (2007 update), which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/17/2013 and experienced right elbow and shoulder pain. The medical records received and reviewed indicate treatment has included medications, injections, physical therapy, and modified work. A physical therapy report dated 5/10/13 indicates the employee completed a trial of 6 physical therapy sessions. A physician note dated 5/13/13 reveals improvement in the elbow and increased strength and range of motion in the shoulder. A request was submitted for an additional 6 physical therapy sessions.

ACOEM – Chapter 9, page 235 indicates “a few” physical therapy visits are appropriate for education, and then recommends continuation of a home exercise program. The employee has already had 6 sessions of therapy for the right elbow and shoulder, with improvement shown. ACOEM does not recommend additional sessions. The request for 6 physical therapy sessions for right shoulder and elbow 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, 18th Floor
Oakland, CA 94612

/dj

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.



