

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

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/4/2013
Date of Injury:	2/19/2013
IMR Application Received:	6/12/2013
MAXIMUS Case Number:	CM13-0000649

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy 1-2 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 6/12/2013 disputing the Utilization Review Denial dated 6/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 1-2 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 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:

Employee reported a date of injury of 2/19/2013 with injuries to both shoulders and left elbow. The employee has had physical therapy, and range of motion (ROM) is normal. Employee initially received physical therapy at work but the symptoms failed to resolve. Employee then sought care at another medical clinic and was diagnosed with bilateral shoulder sprains and treated with Naprosyn and physical therapy. MRI in the right shoulder showed supraspinatus tendonosis and a partial subscapularis tear, AC joint arthritis bursitis MRI of the left shoulder MRI showed tendinosis AC joint arthritis and biceps tendonosis. The employee was referred to ortho, who gave a cortisone injection in the bilateral AC joints and sent the employee to physical therapy (PT) for instructions on a HEP. On 6/17/13 the employee was released to full duty and home exercise program (HEP). The request for PT was made on 5/16/2013 by ortho for instructions on HEP.

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 physical therapy 1-2 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 CA MTUS, Physical Therapy, page 474, which is part of the MTUS.

The Expert Reviewer based his/her decision on Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, page 204, and the Chronic Pain Medical Treatment Guidelines , Physical medicine, page 64, which are part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state that “PT should fade to 1 time per week with progression to HEP.” This request made to instruct the employee to a home exercise program (HEP). ACOEM shoulder chapter recommends a small number of visits for education and counseling. The request for six weeks of physical therapy 12 times a week exceeds this recommendation. Therefore as this request exceeds MTUS guidelines and ACOEM recommendations. **The request for physical therapy 1-2 times per week for six 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, 18th Floor
Oakland, CA 94612

/bh

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.