
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for 8 therapeutic exercise sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 8 neuromuscular reeducation sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 8 massage therapy sessions **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 8 physical therapy sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/2/2013 disputing the Utilization Review Denial dated 6/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/3/2013. 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 8 therapeutic exercise sessions **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 8 neuromuscular reeducation sessions **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 8 massage therapy sessions **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 8 physical therapy sessions **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 June 21, 2013.

“The claimant is a female, who was injured on 01/10/13. She was diagnosed with a right shoulder sprain and impingement, left compensatory shoulder sprain, and was treated with medication and a course of physical therapy. At her last visit she had tenderness to the AC joint and had full range of motion.”

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 6/21/13)
- Medical records by [REDACTED], M.D. (dated 1/24/13 to 5/24/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Shoulder Chapter

1) Regarding the request for 8 therapeutic exercise sessions:

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) – Shoulder Chapter, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/10/2013 and experienced a right shoulder sprain and impingement and a left shoulder compensatory shoulder sprain. Treatment to date has included analgesic medications, care from providers in various specialties, corticosteroid injections, and an unspecified number of physical therapy sessions. The employee has continued to experience bilateral shoulder pain. A request was submitted for 8 therapeutic exercise sessions.

The most recent progress report, dated 5/24/13, indicates the employee has full range of motion in each shoulder and has returned to work. ACOEM – Chapter 9, Table 9-6 indicates therapeutic exercise can take place through a short course of instruction by a therapist. The guideline does not support the request. The request for 8 therapeutic exercise sessions is not medically necessary and appropriate.

2) Regarding the request for 8 neuromuscular reeducation sessions:

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) – Shoulder Chapter, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/10/2013 and experienced a right shoulder sprain and impingement and a left shoulder compensatory shoulder sprain. Treatment to date has included analgesic medications, care from providers in various specialties, injections, and an unspecified number of physical therapy sessions. The employee has continued to experience bilateral shoulder pain. A request was submitted for 8 neuromuscular reeducation sessions.

The most recent progress report, dated 5/24/13, indicates the employee has full range of motion in each shoulder and has returned to work. ACOEM Chapter 9, Table 9-6 indicates transition to a home exercise program can take place through a short course of instruction by a therapist. The guideline does not support the request. The request for 8 therapeutic exercise sessions is not medically necessary and appropriate.

3) Regarding the request for 8 massage therapy sessions:

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) – Shoulder Chapter, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/10/2013 and experienced a right shoulder sprain and impingement and a left shoulder compensatory shoulder sprain. Treatment to date has included analgesic medications, care from providers in various specialties, injections, and an unspecified number of physical therapy sessions. The employee has continued to experience bilateral shoulder pain. A request was submitted for 8 massage therapy sessions.

ACOEM – Chapter 9, page 203 recommends manipulation for patients who have “frozen shoulders.” In this case, the employee does not have frozen shoulders. The most recent progress report, dated 5/24/13, indicates the employee has full range of motion in each shoulder and has returned to work. The request for 8 massage therapy sessions is not medically necessary and appropriate.

4) Regarding the request for 8 physical therapy sessions:

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) – Shoulder Chapter, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/10/2013 and experienced a right shoulder sprain and impingement and a left shoulder compensatory shoulder sprain. Treatment to date has included analgesic medications, care from providers in various

specialties, injections, and an unspecified number of physical therapy sessions. The employee has continued to experience bilateral shoulder pain. A request was submitted for 8 physical therapy sessions.

ACOEM Chapter 9, Table 9-6 indicates supervised exercise instruction by a therapist is an option for managing shoulder complaints. The medical records indicate the employee has already had an unspecified number of physical therapy sessions. The most recent progress report, dated 5/24/13, indicates the employee has full range of motion in each shoulder and has returned to work. The guideline does not support further therapy sessions. The request for 8 physical therapy sessions 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

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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.



