

Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

IMR Case Number:	CM13-0013382	Date of Injury:	07/12/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/20/2013
Priority:	STANDARD	Application Received:	08/27/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE SEE ATTACHED PAGE 2			

DEAR [REDACTED]:

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported an injury on 07/12/2012. The mechanism of injury was stated to be the patient was trying to apprehend an intoxicated suspect who struggled. The patient's impression was noted to include status post industrial left shoulder injury on 07/12/2012, status post arthroscopic left shoulder surgery on 10/11/2011, and status post left shoulder decompression, distal clavicle resection and labral debridement on 04/19/2013, and severe adhesive capsulitis. The request was made for physical therapy two times a week for six weeks, chiropractic sessions two times a week per six weeks and acupuncture treatments two times a week per six weeks.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for physical therapy two times per week for six weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Physician Reviewer based his/her decision on the Postsurgical Treatment Guidelines, Shoulder, page 27, which is part of MTUS.

The Physician Reviewer's decision rationale:

CA MTUS indicates that the postoperative care for rotator cuff syndrome/impingement syndrome was noted to be 24 visits over 14 weeks. The employee was noted to be status post left shoulder decompression, distal clavicle resection and labral debridement on 04/19/2013, and to have severe adhesive capsulitis. The clinical documentation submitted for review indicated that the employee had failed all of the physical therapy. Per the letter of 09/16/2013, the employee was to require an arthroscopic evaluation, arthroscopic capsular release, and manipulation under

anesthesia. It was noted that the employee would require 30 visits of physiotherapy before reaching the point of maximum medical benefit from orthopedic treatment. The primary treating physician evaluation management services for records or services provided before or after the date of employee evaluation on 10/04/2013 revealed the employee would need a manipulation under anesthesia and lysis of adhesions of the left shoulder and that should be followed by 30 postoperative physical therapy visits. The employee would be undergoing surgery for adhesive capsulitis. **The request for physical therapy two times per week for six weeks is not medically necessary and appropriate.**

2. The request for chiropractic sessions two times per week for six weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Manipulation.

The Physician Reviewer's decision rationale:

ACOEM Guidelines recommend manipulation by a manual therapist for patients with frozen shoulders, however, ACOEM does not address the number of sessions. CA MTUS Guidelines do not address manual therapy and manipulation for the shoulder. Official Disability Guidelines recommend manipulation for sprains and strains of the shoulder and upper arm to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home therapy to include 9 visits over 8 weeks. Per the letter of 09/16/2013, the employee was to require an arthroscopic evaluation, arthroscopic capsular release, and manipulation under anesthesia. It was noted that the employee would require 30 visits of physiotherapy before reaching the point of maximum medical benefit from orthopedic treatment. The primary treating physician evaluation management services for records or services provided before or after the date of employee evaluation on 10/04/2013 revealed the employee would need a manipulation under anesthesia and lysis of adhesions of the left shoulder and that should be followed by 30 postoperative physical therapy visits. The clinical documentation submitted for review failed to provide the necessity for the requested chiropractic treatment as it was noted the employee was to undergo surgery for adhesive capsulitis. **The request for chiropractic sessions two times per week for six weeks is not medically necessary and appropriate.**

3. The request for acupuncture treatment two times per week for six weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines and Acupuncture Medical Treatment Guidelines, page 8 & 9, which is part of MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Guidelines recommend acupuncture when pain medication is reduced or not tolerated and as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery and the optimum duration is noted to be 1 to 2 months. Per the letter of 09/16/2013, the

employee was to require an arthroscopic evaluation, arthroscopic capsular release, and manipulation under anesthesia. It was noted that the employee would require 30 visits of physiotherapy before reaching the point of maximum medical benefit from orthopedic treatment. The primary treating physician evaluation management services for records or services provided before or after the date of employee evaluation on 10/04/2013 revealed the employee would need a manipulation under anesthesia and lysis of adhesions of the left shoulder and that should be followed by 30 postoperative physical therapy visits. The clinical documentation submitted for review indicated the employee would be undergoing surgery for adhesive capsulitis. **The request for acupuncture treatments two times per week for six weeks is not medically necessary and appropriate.**

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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.

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