

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/10/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/20/2013
Date of Injury:	7/18/2012
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017345

- 1) MAXIMUS Federal Services, Inc. has determined the request for **six (6) sessions of physical therapy is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **six (6) sessions of physical therapy is 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This is a 56-year-old female with a 7/18/2012 date of injury. The patient developed pain on a gradual basis as a result of driving and carrying heavy boxes. A progress note on 7/24/13 identifies that the patient continues to experience pain on the left side of the neck. The records indicate that the patient had postoperative pain following a 2/11/13 left shoulder surgery which was an arthroscopic left shoulder synovectomy, glenohumeral joint and microfracture glenohumeral head, as well as subacromial decompression and excision of the acromioclavicular joint. Dr. [REDACTED] (pain management) has indicated that she may have thoracic outlet syndrome. Objectively, the patient has pain on cervical rotation after about 75 degrees. She has slight pain on attempted movement of the left glenohumeral joint and has 90 degrees of glenohumeral abduction. There is considerable local tenderness in the left shoulder subacromial space and weakness on abduction and forward flexion. There is considerable tenderness over the left AC joint due to arthritis. There is left wrist tenderness over the dorsal radial carpal joint. Dr. [REDACTED]'s note (712113) identifies that the patient has post-traumatic thoracic outlet syndrome with adhesive capsulitis, vascular headaches, and associated double crush syndrome and tenosynovitis of the upper extremity. There is also a C6-7 disc extrusion without stenosis. Dr. [REDACTED] states that she has classic findings of post-traumatic thoracic outlet syndrome with severe scalene tenderness, Tinel's with percussion over the brachial plexus, and very painful costoclavicular abduction testing. She has dysesthesia in the left C8-T1 dermatome with tenderness over the left ulnar and radial nerve at the elbow with cubital and wrist Tinel's and tenosynovitis in the left wrist. She also has new onset vascular headaches. An electrodiagnostic study on 12/4/12 identifies that there was no electrodiagnostic evidence of brachial plexopathy. Treatment has included activity modification, medication, 36 sessions of physical therapy for the shoulder. She has not had PT for the thoracic outlet or cervical spine. The issue presented is whether 6 sessions of PT are appropriate.

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 six (6) sessions of physical therapy:

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 Chronic Pain Medical Treatment Guidelines, page 98-99, and General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Pain, Suffering and the Restoration of Function Chapter, page 114, which are part of the MTUS.

The Expert 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 Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Preface & Shoulder Section and Cervical Spine Section, which is not part of MTUS.

Rationale for the Decision:

Official Disability Guidelines indicate: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. Medical records received and reviewed indicate the above employee has had at least 36 sessions of PT for the shoulder. The employee did not have therapy for the cervical spine for a C6-7 disc extrusion or diagnoses of post traumatic thoracic outlet. 6 sessions of PT for cervical spine and post traumatic thoracic outlet are medically necessary and should follow the ODG guidelines (i.e. use of self directed home therapy, there should be an increase in active regimen of care). **The request for six (6) sessions of physical therapy is 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

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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.