

Independent Medical Review Final Determination Letter

1082

██████████
██████████
████████████████████

Dated: 12/26/2013

IMR Case Number:	CM13-0018479	Date of Injury:	02/27/2012
Claims Number:	██████████	UR Denial Date:	08/21/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	████████████████████		
Provider Name:	██████████ MD		
Treatment(s) in Dispute Listed on IMR Application:			
Six physical therapy visits for the right shoulder			

DEAR ██████████ ,

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, ██████████

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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:

This is a male patient with the date of injury of February 27, 2012. A utilization review determination dated August 21, 2013 recommends, non-certification for 6 physical therapy visits for the right shoulder between August 16, 2013 and September 30, 2013. The reason for denial states, "other therapies for the patient included 30 sessions of physical therapy with dates of service from January 24, 2013 through June 6, 2013." A progress report dated September 12, 2013 states, "PT needs to be renewed. Strength is unchanged over the last eval, 4+/5 for ER. Still symptoms of clicking and popping of the shoulder. At this point I have ordered a repeat of neurological evaluation of the right shoulder. I am specifically looking for evidence of an isolated supra-scapular nerve neuropathy at the spinoglenoid notch. This would explain the lack of recovery from the PT. And patient may benefit from surgical release depending on the results of the neuro eval." A progress report dated August 8, 2013 states "PT needs to be renewed. Strength is improved over the last eval. 4+/5 ER. Still symptoms of clicking and popping of the shoulder." A progress report dated June 12, 2013 states "ER is still 4/5. HEP continues. This is not a change from the last 2 evaluations." The note goes on to include diagnoses of "right nerve brachial plexus super scapular, right fracture clavicle shaft, right fracture non-union." A physical therapy note dated June 6 2013 indicates that the patient has received 30 sessions of therapy since November 2012

IMR DECISION(S) AND RATIONALE(S)

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

- 1. Six physical therapy visits for the right shoulder is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Shoulder Section, which is not part of the MTUS

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Shoulder Complaints, page 200, which is part of the MTUS, and the Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for additional physical therapy, Occupational Medicine Practice Guidelines recommend instructions in home exercise and a few visits to a good physical therapist in the treatment of shoulder injuries. ODG states that physical therapy is recommended for the treatment of shoulder injuries. They recommend 14 physical therapy visits for the medical treatment of brachial plexus lesions over a 6 week period. They recommend 20 post-surgical visits over 10 weeks for the treatment of brachial plexus lesions. Eight visits over 10 weeks are recommended for clavicle fracture. Within the documentation available for review, it appears the patient has had over 30 physical therapy visits. The primary remaining deficit appears to be weakness in external rotation. The patient has been instructed in a home exercise program. It is unclear why the home exercise program would be insufficient to address any remaining functional deficits. The requesting physician has not stated why additional physical therapy would be expected to help the patient above and beyond the 30 sessions previously provided. There is no indication that the patient has had an intervening injury, complication, or acute exacerbation, for which physical therapy above and beyond what is generally recommended by guidelines may be required. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically indicated.

The request for six physical therapy visits for the right shoulder is not medically necessary and appropriate.

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.

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