
Independent Medical Review Final Determination Letter

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

Dated: 12/20/2013

IMR Case Number:	CM13-0018882	Date of Injury:	10/15/2007
Claims Number:	[REDACTED]	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:	"PT X 8 VISITS FOR THE LEFT SHOULDER"		

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]
[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, has a subspecialty in Hand 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 is a 46-year-old female who reported a work-related injury on 10/15/2007. The patient is status post left shoulder arthroscopy and labral repair dated 07/2009 and left frozen shoulder surgery dated 10/2011. MRI of the left shoulder dated 12/10/2012 revealed suture anchors along the posterior-inferior glenoid and supraspinatus tendinosis. Operative report dated 03/28/2013 noted the patient underwent left shoulder debridement with lysis of adhesions and biceps tenotomy for arthrofibrosis. The patient has completed 28 sessions of physical therapy to date.

IMR DECISION(S) AND RATIONALE(S)

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

1. A series of eight visits of physical therapy for the left shoulder is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

MTUS Postsurgical Guidelines recommend 24 visits over 10 weeks for the postsurgical treatment of shoulder arthroplasty. There was no clinical documentation submitted for review noting the employee's specific functional improvement due to surgical physical therapy

treatments. Guidelines state in the event the patient sustains an exacerbation related to the procedure performed after treatment has been discontinued, and it is determined that more visits are medically necessary, then physical medicine treatment shall be provided within the postsurgical physical medicine period. There was no clinical documentation submitted for review that noted the employee had an exacerbation related to the procedure that was performed. There were also no exceptional factors noted within the documentation that would justify the employee exceeding the number of visits that is recommended by the guidelines. The clinical note dated 08/13/2013 noted the employee had been trying to continue a home exercise program, but had been somewhat limited in making progress. There were no reasons submitted in the documentation noting why the employee was limited in the employee's progress in the home exercise program. Physical therapy notes submitted state the employee demonstrated compliance with prescribed home exercise program. There was no documentation submitted noting why the employee would not be able to increase range of motion in a home exercise program versus formal physical therapy visits. **The request for a series of eight visits of physical therapy for the left shoulder is not medically necessary and appropriate.**

MCC

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]

CM13-001882