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**Notice of Independent Medical Review Determination**

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	5/26/2012
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001925

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 physical therapy sessions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 12 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 August 23, 2013.

“The date of injury is 5/26/12. The patient is a 35 year old male. The diagnosis provided is rotator cuff tear. The mechanism of injury is not documented. This is a request for an additional 12 sessions of PT.”

### **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 from [REDACTED]
- Medical records from the Claims Administrator/Applicant Attorney
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for 12 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 Post-Surgical Treatment Guidelines (2009), Rotator cuff syndrome/Impingement syndrome, which is part of the California 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 not relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer relied

on the Chronic Pain Medical Treatment Guidelines, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 5/26/12 with a diagnosis of rotator cuff tear. The employee is status post right shoulder arthroscopic subacromial decompression, debridement partial rotator cuff and labral tears, and distal clavicle excision. Treatment to date has included physical therapy, home exercises, and analgesic medication.

The MTUS Chronic Pain Medical Treatment Guidelines endorse a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts and tying extension of treatment to clear evidence of functional improvement. Medical records submitted and reviewed indicate the employee has failed to improve in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. The guideline criteria are not met. The request for 12 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, 18<sup>th</sup> 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.