
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	1/13/2009
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003347

- 1) MAXIMUS Federal Services, Inc. has determined the request for pre-operative medical clearance **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy, left shoulder, 3 times a week for 6 weeks, qty: 18 visits **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 pre-operative medical clearance **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy, left shoulder, 3 times a week for 6 weeks, qty: 18 visits **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 Physical Medicine & Rehabilitation, 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 July 25, 2013:

CLINICAL SUMMARY: The patient was injured on 01/13/09. He underwent surgery for a right shoulder condition in 2012. He has reported left shoulder compensatory condition. The MRI of the left shoulder showed Type II-III acromion, tendinosis and partial rotator cuff tear. According to the note of 06/26/13, range of motion was forward flexion 100, abduction 90, and strength was 4/5. He had physical therapy (PT) and 2 corticosteroid injections (CSIs) for the left shoulder condition. All available medical documentation was reviewed.

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 (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/10/13)
- Medical Records from Rising
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** pre-operative medical clearance:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), Preoperative electrocardiogram (ECG), Preoperative lab testing, Preoperative testing, general, a medical treatment guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS relevant and applicable to the issue at dispute. The Expert Reviewer found the section of the ODG used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/13/2009. The submitted and reviewed medical records indicate that the employee has had an MRI, physical therapy, steroid injections, right shoulder surgery, and medications. The employee indicated a compensatory left shoulder condition. The medical report, dated 6/26/2013, indicated that the employee had an MRI of the left shoulder, date unknown, which revealed a type II-III acromium, tendinosis, and a partial rotator cuff tear. A request was submitted for a pre-operative medical clearance, and post-operative physical therapy, left shoulder, three times a week for six weeks, quantity 18 visits.

The ODG indicates that lab testing is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. The submitted records do not indicate comorbid conditions or suspicion of comorbid conditions that needed to be ruled out. Additionally, the approved left shoulder surgery has already been performed and the request for a pre-operative clearance is unnecessary. The request for a pre-operative clearance **is not medically necessary and appropriate.**

2) Regarding the request for post-operative physical therapy, left shoulder, 3 times a week for 6 weeks, qty: 18 visits:

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, rotator cuff syndrome/Impingement syndrome, (no page cited) part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Post-Surgical Treatment Guidelines, rotator cuff syndrome/Impingement syndrome, pg. 28, part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/13/2009. The submitted and reviewed medical records indicate that the employee has had an MRI, physical therapy, steroid injections, right shoulder surgery, and medications. The employee indicated a compensatory left shoulder condition. The medical report, dated 6/26/2013, indicated that the employee had an MRI of the left shoulder, date unknown, which revealed a type II-III acromium, tendinosis, and a partial rotator cuff tear. A request was submitted for a pre-operative medical clearance, and post-operative physical therapy, left shoulder, three times a week for six weeks, quantity 18 visits.

MTUS Post-Surgical Guidelines indicate that an initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery. The general course of therapy for rotator cuff repair/acromioplasty is 24 visits. The initial course of care is half that amount or 12 visits. The request for an initial course of 18 PT sessions, exceeds the MTUS postsurgical recommendations. The request for post-operative physical therapy, left shoulder, three times a week for six weeks, quantity 18 **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, 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.