
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

5/27/2009

7/26/2013

CM13-0003578

- 1) MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy two times per week for eight weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 post-operative physical therapy two times per week for eight weeks **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 Orthopedic 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 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: No clinical summary was provided by the Claims Administrator or the Provider for this review.

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 dated 7/26/2013
- Utilization Review Determination provided by [REDACTED] dated 7/15/2013
- Employee Medical Records from 7/01/2012 through 8/07/2013
- MTUS Guidelines

- 1) **Regarding the request for post-operative physical therapy two times per week for eight weeks:**

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) pg. 27, which are part of the 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a shoulder injury on 5/27/09. The medical records provided for review indicate preoperative diagnoses of right shoulder rotator cuff

tear, chronic subacromial impingement syndrome, right shoulder, and degenerative joint disease, severe, right acromioclavicular joint. Arthroscopic right rotator cuff repair was performed on 5/17/13. There is documentation of a total of 13 physical therapy visits from June 2013 through July 2013 for right shoulder post arthroscopic rotator cuff repair and decompression. The request was submitted for post-operative physical therapy two times per week for eight weeks.

MTUS Post-Surgical Guidelines indicate that for postoperative care following rotator cuff surgery, 24 visits over 14 weeks are reasonable. The medical records reviewed indicate the physical therapy notes dated 7/22/13 and 7/24/13 failed to document and significant improvement, and states the employee continues to fatigue with isometric strengthening, limiting the ability to reach and perform household tasks. The completed 13 physical therapy visits that have been completed to date and the current request for 2 times per week for 8 weeks would make the total number of visits exceed guideline recommendations. There is no documentation in the records reviewed which would support exceeding guideline criteria. The request for post-operative physical therapy two times per week for eight weeks **is not medically necessary or 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

/th

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.