

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	4/20/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004121

- 1) MAXIMUS Federal Services, Inc. has determined the request for **additional physical therapy two (2) times a week for three (3) weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an **electrical muscle stimulator, with conductive garment is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 additional physical therapy two (2) times a week for three (3) weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an electrical muscle stimulator, with conductive garment **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 and 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.

Expert Reviewer Case Summary:

The patient is a 42-year-old female who reported a work-related injury on 03/11/2013 as a result of a fall. Subsequently, the patient is status post right shoulder arthroscopy subacromial decompression, and distal clavicle resection as of 10/01/2012. The most recent thorough physical exam of the patient is dated 04/02/2013 signed by Dr. [REDACTED] Agreed Medical Examiner. The provider documents the patient underwent right shoulder surgery on 10/01/2012. The provider documents the patient continued to see Dr. [REDACTED] postoperatively. The patient had returned to work on 01/03/2013. The patient reports noted improvement but still has pain to her right shoulder and struggles with movement of the shoulder. The provider documents the patient utilizes trazodone, Cymbalta, tramadol, nabumetone and omeprazole. Upon physical exam of the patient's bilateral upper extremities, 5/5 motor strength was noted throughout. The patient's range of motion to the right shoulder was noted to be at 150 degrees of abduction, 170 contralateral, 150 forward flexion, 170 left shoulder, 60 internal rotation, 80 degrees left shoulder. The provider recommended alternative pain control with electrical muscle stimulation and additional physical therapy for the patient's right shoulder deficits.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for additional physical therapy two (2) times a week for three (3) weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination on 07/09/2013 due to Guidelines recommending 24 visits over 14 weeks postoperatively. The employee continued to present with weakness and decreased painful range of motion upon exam. The employee was authorized for an additional 6 sessions of physical therapy on 03/25/2013. Without clear evidence of benefit from previous physical therapy, an adverse determination was rendered. In total, the employee has attended 24 sessions of postoperative physical therapy with some deficits in range of motion noted to the right shoulder. However, the clinical notes lacked evidence of significant objective functional improvement status post recent course of physical therapy intervention or the failure of the employee to utilize an extensive home exercise program for pain complaints to the right upper extremity as the employee does present with minimal deficits and full motor strength bilaterally to the upper extremities. **The request for additional physical therapy two (2) times a week for three (3) weeks is not medically necessary and appropriate.**

2) Regarding the request for an electrical muscle stimulator, with conductive garment:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of TENS, pg. 116, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate a 1 month home-based TENS trial may be considered as a non-invasive conservative option. In this case, there was no indication that the employee had failed all appropriate pain modalities, skilled therapies, or medications to support the medical necessity of the proposed EMS with conductive garments to address current complaints of pain and functional deficits. The clinical notes do evidence that the employee has utilized multiple lower levels of conservative modalities for pain complaints to the right upper extremity to include a medication regimen, supervised therapeutic interventions, and activity modifications. However, a 30-day trial would be preferred over purchase of this modality as per Guideline recommendations. **The request for an electrical muscle stimulator, with conductive garment 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,

Paul Manchester, MD, MPH,
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.