

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	3/9/2009
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004653

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 twelve post-op 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 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.

Expert Reviewer Case Summary:

The patient is a 48-year-old male who reported injury on 03/09/2009. The patient underwent a right shoulder arthroscopy with SLAP tear debridement and partial-thickness subscapularis rotator cuff debridement, right shoulder biceps tenotomy, open soft tissue biceps tenodesis, and suturing of the tendon within the groove on 03/04/2013. The patient was noted to have 12 physical therapy sessions certified 03/31/2013, six sessions on 04/26/2013, and 4 sessions on 05/31/2013. The progress note dated 05/13/2013 revealed that the patient was independent with his activities of daily living and that his strength was 4-/5. The progress note dated 07/02/2013 revealed that the patient was progressing in range of motion; however was noted to lack internal rotation and strength. Internal rotation was noted to be 30 degrees with difficulty and pain in the shoulder. The note dated 07/29/2013 revealed that the patient could comb his hair, brush his teeth and screw in a light bulb.

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 twelve post-op therapy sessions:

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 Postsurgical Treatment Guidelines (2009), Post-Op Physical Therapy section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Postsurgical Treatment Guidelines (2009), pages 1, 10 and 27, which are part of the MTUS.

Rationale for the Decision:

The MTUS Postsurgical Treatment Guidelines recommend 24 visits of physical therapy over 14 weeks for rotator cuff syndrome and impingement syndrome, it also recommends the initial course of therapy is one-half the number of visits specified in the general course of therapy for the surgery. Additionally, it states that after the initial course of therapy, which would be 12 visits of physical therapy, if the patient has functional improvement, additional visits may be supported and that functional improvement means either a clinically significant improvement in the activities of daily living or a reduction in the work restrictions. Medical records submitted for review indicate that the employee had completed 21 visits of postoperative physical therapy. It further noted that the employee is continuing with a home exercise program. The note dated 07/29/2013 revealed that the employee could comb hair, brush teeth and screw in a light bulb. However, the records submitted for review fail to show why the employee needs 12 additional visits of physical therapy. The guideline criteria have not been met. The request for twelve post-op 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, 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.