

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	11/30/2006
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004704

- 1) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy cervical spine and bilateral shoulders 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 7/8/2013. 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 **physical therapy cervical spine and bilateral shoulders 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.

### **Expert Reviewer Case Summary:**

Claimant is a 51 year old male with date of injury 11/30/2006, currently diagnosed with cervical radiculitis and bilateral shoulder strains. The claimant reportedly has neck and shoulder pain after twisting his arm carrying a slab of wood. His treatments have included 1) medications for pain management, 2) activity modification, 3) right shoulder arthroscopic surgery on 5/8/2007, 4) left shoulder arthroscopy debridement, subacromial decompression and distal clavicle resection on 4/7/2009.

Special Comprehensive Primary Treating Physician's Report for Established Patient, dated 6/23/2013 describes the chronicity of the claimants cervical spine and bilateral shoulder injuries. The plan includes 1) medications for pain management, 2) physical therapy for the cervical spine and bilateral shoulders 3 times per week for 6 weeks, 3) shockwave therapy for the cervical spine, up to 6 treatments, 4) MRI of the cervical spine.

PR-2 dated 6/18/2013 states that the claimant is complaining of 1) burning, radicular neck pain, muscles spasms, greater on right, constant, moderate to severe, 6-7/10, numbness and tingling of the bilateral upper extremities, 2) status post bilateral shoulder decompression with residual pain, more on the left, 6-7/10, constant, moderate to severe, 3) burning, radicular mid back pain, muscle spasms, 6-7/10, constant, moderate to severe, 4) status post bilateral inguinal hernia repair with residual pain, 1-2/10, occasional and slight. Physical exam of cervical spine noted tenderness at suboccipital region, scalene and trapezius muscles, and decreased range of motion. Bilateral shoulder exam noted tenderness at AC joints, trapezius, supraspinatus and rhomboid muscles, bilaterally, AC joints arthrosis, crepitus, and decreased range of motion. Thoracic spine exam noted tenderness at bilateral thoracic paraspinal muscles and costovertebral joints, and decreased range of motion. Diagnoses included 1) cervical

sprain/strain r/o HNP, 2) cervical radiculopathy, 3) status post bilateral shoulder surgery with residual pain, 4) thoracic spine pain, 5) status post bilateral inguinal hernia repair.

The claims administrator refers to physical therapy notes that were not provided for this review. Physical therapy note dated 6/17/2013 reported "little to no improvement" after 12 sessions of physical therapy. Physical therapy note dated 5/30/2013 reported suboccipital pain and pain in UT, no N/T, limited range of motion, and fatigue. Exam with range of motion noted MMT at 3/5 shoulder strength and greip 60 right and 50 left.

Clinical notes back to 3/23/2012 refer to physical therapy as part of the treatment plan.

#### **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 physical therapy cervical spine and bilateral shoulders:**

##### 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 MTUS 9792.20, 9792.21, 9792.22. and 9792.25, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Therapy Section, pages 98-99, which is part of the MTUS.

##### Rationale for the Decision:

The clinical notes provided for review indicate that the employee has chronic pain neck and shoulder pain and has had remote surgeries to both shoulders. The employee is well beyond the post-surgical time period for the shoulder surgeries, so treatment has included pain management and physical rehabilitation for the neck and shoulders. The notes provided do not indicate how much therapy the employee has received post-surgically, or even recently. The notes do state that physical therapy sessions are a part of the treatment plan, however. The claims administrator referred to physical therapy notes, which were not provided for this review, that indicated the employee had 12 physical therapy sessions with little to no benefit. The clinical notes reviewed are consistent with this, as there are little to no comments about any functional improvement, or comment about the efficacy of physical therapy so far. **The request for physical therapy cervical spine and bilateral shoulders 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  
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Oakland, CA 94612

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