

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	4/9/2013
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006581

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 12 physical and aquatic therapy visits for the right shoulder is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 **12 physical and aquatic therapy visits for the right shoulder is 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:

This patient is a 61-year-old female. The patient has experienced repetitive overhead use of her shoulder. She's currently diagnosed with right shoulder joint pain, rotator cuff syndrome and chronic pain syndrome. The request is made for 12 physical and aquatic therapy visits for the right shoulder. The past treatments include right shoulder cortisone injection, physical therapy and chiropractic treatment. An MRI on May 9, 2012 showed a partial tear of the supraspinatus tendon subscapularis and infraspinatus tendon gnosis, AC joint arthritis and subacromial bursitis and biceps tendonitis. She had a repeat shoulder surgery on April 24, 2013 and had 12 post-op physical therapy sessions. The patient was placed on a home exercise program in June 2013.

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 12 physical and aquatic therapy visits for the right shoulder :**

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, Aquatic Therapy, and the Postsurgical Treatment Guidelines, Shoulder section, which are a part of the MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, Shoulder section, which is a part of MTUS

Rationale for the Decision:

The MTUS Postsurgical Guidelines state that for rotator cuff syndrome and impingement syndrome post-surgery therapy includes 24 visits over 14 weeks with postsurgical physical medicine over a six month period. Based on the review of the submitted records, the employee has had 12 visits to date, and therefore still would be allowed the additional visits under the current guidelines. The physical therapy notes indicate that the employee has increasing range of motion and is tolerating the activity levels with subsequent treatment. The employee is increasing function with physical therapy and additional physical therapy falls within postsurgical guidelines. **The request for 12 additional physical therapy visits is 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

/dso

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.