

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/2/2013
Date of Injury:	1/29/2011
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007703

- 1) **MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy (PT) two times a week for six weeks 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 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 **post-operative physical therapy (PT) two times a week for six weeks 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old male who suffered an industrial injury to his left shoulder on 10/3/08. He underwent left shoulder surgery(left shoulder arthroscopic rotator cuff repair with subacromial decompression and debridement of the biceps tendon and Mumford distal clavicle excision) in October 2011 and had 36 post op PT sessions. On 3/14/13 he underwent Right shoulder surgery (rotator cuff repair, subacromial decompression and Mumford procedure) for a massive right rotator cuff tear. He is making progress in PT and has been authorized 24 post op PT visits. The request is for additional post op PT 2 x per week for 6 weeks for the right shoulder. A prior request for this was denied on 8/2/13. PT notes on 8/14/13 indicate that patient is recovering faster than expected. His 8/28/13 PT notes indicate that his abduction/ active range of motion 165/180, Flexion 170/180, extension 45/45, full adduction normal. His pain level is a 3/10. His 8/24/13 progres note from his secondary treating physician note that patient has mild pain, no sensory deficits, and near normal strength.

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 post-operative physical therapy (PT) two times a week for six weeks 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 Post-Surgical Treatment Guidelines, Shoulder, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, Shoulder, Complete rupture of rotator cuff, Physical Medicine, which is part of the MTUS.

Rationale for the Decision:

The submitted and reviewed medical records indicate the employee has had a full rotator cuff repair, making progress and has minimal strength deficits on a right shoulder examination dated 8/24/13. The records indicate improved range of motion and per the 8/28/13 therapy notes has 165/180 degrees range of motion (active) for abduction and 170/180 for flexion. Extension and adduction of the right shoulder has full range of motion and pain level was noted as 3/10.

The records indicate the employee is recovering quicker than expected per 8/14/13 therapy documentation and has completed 24 post-operative PT visits. At this point, the employee could benefit from continued PT with emphasis on range of motion, education and a home exercise program. The guidelines allow for 40 postsurgical physical therapy visits over 16 weeks for a complete rotator cuff rupture repair.

The requested visits should be more than sufficient to ensure the employee is well versed in an independent home exercise program. **The request for post-operative PT two times a week for six weeks for the right shoulder 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,

Paul Manchester, MD, MPH
Medical Director

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

/srb

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.