
Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/17/2013
Date of Injury:	3/21/2013
IMR Application Received:	6/13/2013
MAXIMUS Case Number:	CM13-0026984

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post operative physical therapy 2 times a week for 4 weeks, right shoulder is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/13/2013 disputing the Utilization Review Denial dated 5/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 2 times a week for 4 weeks, 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 Preventive Medicine and 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:

All 77 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, [REDACTED], has filed a claim for shoulder pain reportedly associated with an industrial injury of March 21 2013.

Thus far, she has been treated with the following: Analgesic medications; apparent diagnosis with a rotator cuff tear; right shoulder rotator cuff repair surgery on July 26, 2013; and extensive periods of time off of work.

The most recent clinical progress note on file of September 3, 2013, is notable for comments that the applicant is doing well with physical therapy. Her strength is 3/5. Shoulder range of motion is limited. She is given stretching exercises and asked to continue physical therapy while remaining off of work on total temporary disability.

An operative report of July 26, 2013 is reviewed, in which the applicant undergoes revision AC joint arthroplasty and revision subacromial decompression as well as arthroscopic repair of rotator cuff tendon tear.

In a utilization review report of May 17, 2013, the request for eight sessions of initial postoperative therapy is denied by the claims administrator. The applicant appealed on June 13, 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 post operative physical therapy 2 times a week for 4 weeks, right shoulder:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines (2009), Rotator Cuff Syndrome / Impingement Syndrome, which is part of the MTUS.

Rationale for the Decision:

MTUS Postsurgical guidelines endorse an initial course of therapy of 12 sessions and a general course of 24 sessions of treatment following arthroscopic shoulder surgery. In this case, an initial course of eight sessions of treatment was appropriate as an initial postoperative treatment. **The request for post operative physical therapy 2 times a week for 4 weeks, 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

/cmol

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.