

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of the left shoulder requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/17/2013 disputing the Utilization Review Denial dated 4/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/7/2013. 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 magnetic resonance imaging (MRI) of the left shoulder requested **is not medically necessary and appropriate.**

### Medical Qualifications of the Professional 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 Pain 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 professional 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 9, 2013.

“DOI 3/1/13. Claimant tripped and fell backwards over dog food while mopping, fell on head, left shoulder and bruised right knee. Currently complains of pain and discomfort to head, shoulder and knee, constant sensation of vague and feeling foggy, also complains of headaches.”

### 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 for Independent Medical Review for MRI of left shoulder (dated 4/17/13)
- Utilization Review Denial for MRI of left shoulder (dated 4/9/13)
- Employee medical records from [REDACTED] (dated 3/2/13)
- Employee medical records from [REDACTED], MD (dated 3/6/13-3/8/13)
- Employee medical records from [REDACTED] (dated 3/2/13-3/29/13)
- CT Head report from [REDACTED], MD (dated 4/18/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Chapter 9: Shoulder Complaints (pg. 207-208, 214)

**1) Regarding the request for magnetic resonance imaging (MRI) of the left shoulder:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Chapter 9: Shoulder Complaints (pg. 207-208, 214) of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee's date of injury was 3/1/13. The employee tripped at work, fell on her head and left shoulder, and bruised her right knee. Plain x-rays of the shoulder were taken. A radiologist's report was not submitted for review. The progress notes did not discuss the actual results of the x-ray. As of the date of the last progress note, 3/29/13, the employee continued to experience pain and discomfort to her head, shoulder and right knee.

ACOEM guidelines support ordering imaging studies after an acute injury in the presence of a red flag and in the non-acute phase when an employee has been limited for one month or more due to consistent symptoms, when surgery is being considered for a specific anatomic defect, and to further evaluate the possibility of potentially serious pathology such as a tumor (ACOEM pages 208-209). There is no documentation of red flag signs in the medical record provided and reviewed. The employee remains in the acute phase and there is no suggestion of a need for surgery. The MRI of left shoulder 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.