

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**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 upper extremity joint without contrast performed on 4/1/2013 **was not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/29/2013 disputing the Utilization Review Denial dated 4/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/30/2013. 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 magnetic resonance imaging (MRI) of upper extremity joint without contrast performed on 4/1/2013 **was not medically necessary and appropriate.**

### **Medical Qualifications of the Professional Reviewer:**

The independent Doctor of Chiropractic who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic 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 16, 2013.

“REQUEST: Retrospective request for MRI of the right shoulder on 4/1/13 SUMMARY OF TREATMENT/CASE HISTORY: [REDACTED] is the 52-year-old worker involved in a 03/29/13 industrial incident. Apparently, the patient was unloading freight and a big piece of wood broke off and his shoulder was pushed backwards. He had a rotator cuff tear in the past with surgery 10 years ago. The patient was reporting 9/10 level pain to the right shoulder on a 0 10 VAS and on examination of the right shoulder, there was tenderness to the right rotator cuff, positive drop arm, restricted shoulder range-of-motion, flexion 90 degrees, extension 30 degrees, internal rotation 70 degrees, external rotation 50 degrees, abduction 50 degrees, and adduction 40 degrees with no weakness. X-rays were exposed of the right shoulder showing post-surgical changes, degenerative change of the acromioclavicular joint, and recommend clinical correlation and if there remains a high degree of suspicion for fracture, followup evaluation in 7 to 10 days may be helpful to exclude an occult fracture which is initially poorly defined or radiographically occult.”

### **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 (received 4/29/13)
- Utilization Review Decision Report performed by [REDACTED] (dated 4/15/13)
- Utilization Review Determination from [REDACTED] (dated 4/16/13)

- Medical Records from [REDACTED] (dated 3/29/13 – 4/23/13)
- Report from [REDACTED] (dated 4/1/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Shoulder Complaints Chapter, pg. 207-214
- Official Disability Guidelines (ODG) (2009), Shoulder Chapter, MRI Section

**1) Regarding the request for magnetic resonance imaging (MRI) of upper extremity joint without contrast:**

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) – Shoulder Complaints Chapter (pages 207-214) and Official Disability Guidelines (ODG) (2009), Shoulder Chapter, MRI Section, 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 received an MRI of upper extremity joint on 4/1/2013 after a 3/29/2013 industrial accident. According to ACOEM, MRIs are recommended for rotator cuff tears that are acute, subacute, or chronic. Based on the medical records received, there did not appear to be any clear-cut signs or red flags indicating a rotator cuff tear and there was no weakness noted. ACOEM recommends 3 months of conservative care for this type of injury. The records did not show that conservative treatment was attempted and failed prior to the MRI. The MRI of upper extremity joint without contrast performed on 4/1/2013 was 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.