

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

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	4/23/2013
Date of Injury:	4/13/2013
IMR Application Received:	5/15/2013
MAXIMUS Case Number:	CM13-0000374

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the left shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/15/2013 disputing the Utilization Review Denial dated 4/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 an MRI of the left shoulder **is not 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:

The applicant, Mr. [REDACTED], is a [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of April 13, 2013.

Specifically reviewed is an April 24, 2013 utilization review report in which an MRI is non-certified on the grounds that the applicant initiated the request for the urgent shoulder MRI.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.

The doctor's progress report of April 15, 2013 suggests that the applicant is off of work and had shoulder surgery seven years prior with markedly limited shoulder range of motion in all directions.

The most recent note on file of June 18, 2013 is handwritten, difficult to read, notable for multifocal complaints of left leg pain, arm pain, and hand pain. Stress, insomnia, and headaches were also reported. A functional capacity evaluation is sought, as are unspecified diagnostic tests.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a MRI of the left 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, pages 207-208, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Special Studies and Diagnostic and Treatment Considerations, page 208, which is part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines indicate the primary criteria for ordering imaging studies include weakness from a massive rotator cuff tear and/or failure to progress in a strengthening program intended to avoid surgery. The medical records submitted for review are limited and do not clearly stated whether the employee's shoulder deficit and shoulder limitations are persistent. There is also no documentation showing any clear evidence of failure to progress in a strengthening program intended to avoid surgery. **The request for a MRI of the 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,

Paul Manchester, MD, MPH
Medical Director

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

/db

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.