

**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 an upper extremity joint without contrast requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/22/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/23/2013. 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 an upper extremity joint without contrast 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 Family 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 May 17, 2013.

██████████ is a 49-year-old worker who had been involved in a 03/06/13 industrial-related incident when he missed a step while exiting his truck and hung from the steering wheel by his right hand. The patient presented to this provider as a new patient later in April 2013, so the First Report may have been on 04/03/13. The examination showed positive guarding, tenderness to palpation in the bicipital groove, and crepitus on abduction.”

### 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 (dated 5/22/13)
- Utilization Review Denial from ██████████ (dated 5/17/13)
- Medical Records (4/30/13- 5/21/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Shoulder Complaints, pg. 202-214

**1) Regarding the request for Magnetic Resonance Imaging (MRI) of an 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), Chapter - Shoulder Complaints, pg. 202-214, 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:

While exiting the truck the employee missed a step and hung from the steering wheel by the right hand. An examination of the right shoulder performed by the treating provider revealed positive guarding, tenderness to touch and crackling on outward movement. ACOEM guidelines state that MRI is indicated for preoperative evaluation of acute rotator cuff tear but is not recommended for evaluation for conditions not requiring surgical intervention. Upon review of the medical records submitted for review, the employee exhibits symptoms of an acute shoulder sprain, as originally diagnosed, but there is no evidence of a rotator cuff injury or nerve impingement requiring surgical intervention. The request for Magnetic Resonance Imaging (MRI) of an upper extremity joint without contrast 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.