

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 requested left shoulder arthroscopy with rotator cuff repair **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/23/2013 disputing the Utilization Review Denial dated 4/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/24/2013. 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 requested left shoulder arthroscopy with rotator cuff repair **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 16, 2013

“This claimant is treating for injuries sustained to the left shoulder on 2/28/13. An orthopedic report of 4/8/2013 documents decreased range of motion to 100 degrees of active motion (unclear whether this is forward flexion or abduction). Motor strength is 4/5. MRI demonstrates a small supraspinatous tear on the undersurface.”

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 5/23/13)
- Utilization review determination from [REDACTED] (dated 4/16/13)
- Employee medical records from [REDACTED] M.D. (dated 2/28/13 – 5/1/13)
- Employee medical records from [REDACTED], M.D. (dated 4/8/13)
- MRI reports from [REDACTED] (dated 3/19/13)
- Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for rotator cuff repair (updated 6/12/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, pg. 210-211

1) Regarding the request for left shoulder arthroscopy with rotator cuff repair:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for Rotator Cuff Repair (updated 6/12/13), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, which is part of the MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

- 2) This 50-year-old employee injured the left shoulder in a work-related incident on 2/28/13. The medical records provided and reviewed indicate the employee has pain in the left shoulder and has been treated with Ibuprofen. The medical report of 4/8/13 does not indicate the employee has received any conservative treatment such as range of motion exercises or physical therapy. ACOEM guidelines indicate surgical repair of a rotator cuff tear should be reserved for "cases failing conservative therapy for three months." Review of the shoulder MRI report does confirm a small tear; however, the age of the employee must be considered as ACOEM guidelines indicate rotator cuff surgery is less successful than conservative care for older persons who may also have degenerative changes. The criteria for rotator cuff repair surgery have not been met. The requested left shoulder arthroscopy with rotator cuff repair **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, 18th 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.