
Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/17/2013
Date of Injury: 3/21/2013
IMR Application Received: 6/13/2013
MAXIMUS Case Number: CM13-0000685

- 1) MAXIMUS Federal Services, Inc. has determined the request for pre-operative medical clearance **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right shoulder arthroscopy, rotator cuff repair, labral repair **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/13/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 request for pre-operative medical clearance **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right shoulder arthroscopy, rotator cuff repair, labral 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 Orthopedic Surgery, 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 patient is a 37-year-old female who reported a work-related injury to her right shoulder as a result of repetitive strain on 03/27/2013. MR arthrogram of the right shoulder dated 04/19/2013, signed by Dr. [REDACTED], reported (1) the supraspinatus tendon demonstrated an articular surface tear measuring 6 mm in longitudinal dimension and 4 mm in AP dimension. There was no tendon retraction or muscular atrophy. (2) Some blooming artifacts were noted at the acromioclavicular joint and maybe be correlated with any prior postsurgical change. The acromion was flat type I. (3) The remaining rotator cuff tendons were intact. (4) The glenoid labrum was intact. The clinical note dated 07/09/2013 reports the patient was seen under the care of Dr. [REDACTED]. The provider documented the patient underwent a previous right shoulder surgical intervention on 06/06/2012 following a prior injury and the patient was able to return to work, but sustained a subsequent injury on 03/21/2013 as a result of repetitive motion. The provider documents the patient was originally seen in clinic by Dr. [REDACTED] who recommended an MRI of the patient's shoulder. The provider documents a review of the MRI which revealed clear and defining injury with findings inconsistent from the patient's previous surgery indicating a new tear. The provider recommended surgical interventions for the patient, as the provider felt the patient would fail miserably with conservative treatment protocol, physical therapy, or injection.

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

1) Regarding the request for pre-operative medical clearance:

Since the right shoulder arthroscopy, rotator cuff repair, labral repair is not medically necessary, **none of the associated services are medically necessary and appropriate.**

2) Regarding the request for right shoulder arthroscopy, rotator cuff repair, labral repair:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter. The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) American College of Occupational and Environmental Medicine, Chapter 9, page 210, Surgical Considerations, which is a part of MTUS.

Rationale for the Decision:

MTUS/ACOEM indicates, "There must be evidence of red flag conditions, activity limitation for more than 4 months, and failure to increase range of motion and strength of the musculature, around the shoulder even after exercise programs, plus the existence of a cervical lesion." The medical record provided for review did not evidence utilization of any conservative treatment, prior to the requested surgical interventions. Additionally, the medical record documented that the employee had near full range of motion to the right shoulder. **The request for right shoulder arthroscopy, rotator cuff repair, labral 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,

Paul Manchester, MD, MPH
Medical Director

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

/sce

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.