
Notice of Independent Medical Review Determination

Dated: 8/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/14/2013
Date of Injury:	1/10/2013
IMR Application Received:	7/5/2013
MAXIMUS Case Number:	CM13-0000974

- 1) MAXIMUS Federal Services, Inc. has determined the request for functional capacity evaluation for right shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/5/2013 disputing the Utilization Review Denial dated 5/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. 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 functional capacity evaluation for right 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 Physical Medicine and Rehabilitation 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 May 14, 2013

“The claimant is a 28-year-old female with a right shoulder injury from 01/10/13. She also has a reported compensatory left shoulder condition. Range of motion of the right shoulder was limited by only 10 degrees lack of full flexion and abduction. The MRI showed bursitis/tendinitis in the right shoulder; no tears were noted. She's had PT”.

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 7/5/13)
- Utilization Review Determination (dated 5/14/13)
- Employee medical records from [REDACTED], MD (dated 1/24/13-5/24/13)
- Official Disability Guidelines (ODG) (most recent version) Shoulder

1) Regarding the request for functional capacity evaluation for right shoulder:

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) (most recent version) Shoulder Chapter, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the

guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance as MTUS does not address the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related shoulder injury on 1/10/13. Medical records provided and reviewed indicate a diagnosis of right shoulder impingement and treatment which has included physical therapy, oral medications, injections, and work restrictions for the right shoulder of no lift/carry over 5 lbs. The medical report of 5/2/13 indicates restricted range of motion due to pain and tenderness about the right trapezius, but the work restrictions are changed to no heavy lifting over 15 lbs.

Official Disability Guidelines indicate a functional capacity evaluation is not to be done if "the sole purpose is to determine a worker's effort or compliance." The medical report of 5/24/13 noted the employee states an inability to lift 10 lbs and needing to use two hands to lift even 5 lbs. There was no initial injury to the left shoulder, and the left shoulder physical exam appeared within normal limits. It was not clear why the patient cannot lift 5 lbs with the uninjured left arm by itself, raising the issue of whether or not adequate effort or compliance is being provided. A functional capacity evaluation for this reason would be contrary to the guidelines. The functional capacity evaluation for the right 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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/dl

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.