

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/2/2013
Date of Injury:	9/12/2006
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016354

- 1) MAXIMUS Federal Services, Inc. has determined the request for **internal medicine evaluation for surgical clearance is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **internal medicine evaluation for surgical clearance 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 employee was injured in 9/12/06. Mechanism of injury was pushing and pulling boxes. The employee has complained of chronic low back pain, shoulder pain and neck pain. The employee has been treated with chronic pain medications and epidural corticosteroid injections. MRI performed on 1/30/07 noted L4-L5 disc disease without central or neural foraminal encroachment. Medical records from provider's note dated 03/2013 stated the employee continued to complain of low back and shoulder pain. Objective: limited range of motion of lumbar spine, limited range of motion of the right shoulder. Diagnoses: adhesive capsulitis, lumbar spine disc disease. Treatment plan: lumbar epidural corticosteroid injection, norco, right shoulder surgical manipulation under anesthesia.

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 and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for internal medicine evaluation for surgical clearance:

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 found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Emedicine Medscape review article by Sharma et al, Pre-Operative Testing (available to the public on the Medscape Reference site), which is not part of MTUS.

Rationale for the Decision:

The employee has reported chronic right shoulder and lower back pain. The employee has been diagnosed with adhesive capsulitis of the shoulder and lumbar spine degenerative joint disease. Treatment has included corticosteroid injections of the shoulder and the treating surgeon has recommended surgical manipulation of the right shoulder under general anesthesia and also prior to this planned surgery, internal medical consultation for pre-operative surgical clearance. No treating physician medical reports adequately discuss any significant medical comorbidities that would require internal medicine consultation for pre-operative surgical clearance. The treating physician has provided no specific indications for an internal medicine pre-operative evaluation. Internal Medicine consultation and pre-operative testing is indicated for certain individuals based on specific risk factors. The employee may need no tests, more tests, or these tests only, all contingent upon a careful evaluation of current medical status. Given that the treating physician has not identified any risk factors or medical comorbid diagnoses, no testing is certified. Note the guideline recommendations. **The request for internal medicine evaluation for surgical clearance 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

/sb

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.