

## Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0018704	<b>Date of Injury:</b>	09/07/2010
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/30/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
LEFT SHOULDER ARTHROSCOPY			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]  
[REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34-year-old female who reported an injury on 09/07/2010. The patient has MRI evidence of mild tendinosis of the supraspinatus, infraspinatus, and subscapularis tendons without rotator cuff tear. The patient also has mild changes of the AC joint and mild tendinosis of the biceps tendon. Notes indicate that the patient has been previously treated with medications and therapy. The patient is also being provided a left shoulder injection with a few hours of slight relief. The patient has complaints of popping, clicking, and left shoulder pain. On examination, the patient has decreased left shoulder range of motion, with positive impingement sign and marked tenderness. The patient has been recommended for left shoulder arthroscopy.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Left shoulder arthroscopy is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Shoulder Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9) pages 209-210, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines recommend surgical consideration depending on the working or imaging confirmed diagnosis of the presenting shoulder complaint. The documentation submitted for review does indicate the patient has had persistent left shoulder pain despite conservative measures. However, on the submitted MRI, the patient does not have any significant pathology. Furthermore, the specific surgical intervention being proposed is not specified within the available documents. The appeal letter mentions several surgeries, including rotator cuff repair, impingement syndrome, and diagnostic arthroscopy. Without a specific surgical plan, the appropriateness of the request cannot be established. As such, the request for a left shoulder arthroscopy is non-certified.

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.

[REDACTED]

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