
Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/1/2013

1/4/2000

7/18/2013

CM13-0001922

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the left shoulder **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the right shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 MRI of the left shoulder **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the 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 Preventative Medicine and 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 July 1, 2013

“According to the medical records, the patient is a 71-year-old male who sustained an industrial injury on January 4, 2000.

“A PTP Permanent and Stationary report from Dr. [REDACTED], MD, dated November 5, 2001, indicates that the patient was permanent and stationary. It was noted that the patient had "too many musculoskeletal complaints," and the provider did not believe it would be appropriate to try and pinpoint the cause of each of these problems to specific injuries.

“A QME report from Dr. [REDACTED], MD, dated June 3, 2002, indicates that the patient had reached maximum medical improvement. Future medical treatment was to include self supervised exercises at home. The patient was take over-the-counter medication such as analgesics and anti-inflammatory agents.

“A QME report from Dr. [REDACTED], MD, dated February 16, 2007, indicates that no further medical care was indicated for the right hip. Treatment of the lumbosacral spine was given as future medical care for the previous industrial injury that he sustained. Treatment for the left knee was deferred until Dr. [REDACTED] had a chance to review the medical records.

“A Panel QME report from Dr. [REDACTED], MD, dated March 1, 2012, indicates that the patient was under the care of Dr. [REDACTED], MD, for multiple dates of injury,

an covered by four separate awards. The impression included trochanteric left hip bursitis, low back pain with question or radiating pain into the lower extremities, and prior knee and ankle injuries. Future medical care was important for the patient's left hip. Dr. [REDACTED] was recommending a pain management consult and left hip injection under fluoroscopy. This was considered reasonable by Dr. [REDACTED]. In addition, physiotherapy was reasonable for the hip, up to 10 sessions, specifically for the left hip at the time or over the next 18 months. Medication that the patient was obtaining was considered reasonable with the exception of the creams. The patient indicated that these helped only minimally-to-mildly and given that he did not have particular allodynia or sensitivity, creams such as the Dendracin could be safely discontinued at least as far as the left hip.

"According to a medical report by Dr. [REDACTED], dated February 25, 2013, the patient underwent an MRI of the left shoulder on February 6, 2013 that showed only bursal tear of the supraspinatus.

"According to a medical report by Dr. [REDACTED], dated June 21, 2013, the patient has persistent pain in both shoulders, although his left has been more bothersome than his right. The patient is using Norco, Ultra strength Bengay as well as Metamucil. Physical therapy has been helpful for acute flare-ups. Upon examination, there is tenderness along the shoulders, elbows, wrists, upper extremities. The patient was diagnosed with left trochanteric bursitis, left internal derangement of knee and right shoulder impingement syndrome. The patient is currently not working. The patient was recommended a left shoulder MRI."

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 7/18/13)
- Utilization Review Determination (dated 7/1/13)
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for MRI of the Left Shoulder:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Shoulder Chapter, Pages 207-208, 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.

Rationale for the Decision:

The employee sustained an industrial injury on 1/04/00. The submitted and reviewed medical records note pain involving the right shoulder, low back, right

knee, neck, right ankle, left shoulder and left upper extremity. The records indicate prior treatment has included: analgesic medication, transfer of care to and from various providers in various specialties, topical lotions, a gym membership, an interferential unit, prior right and left shoulder surgeries in 2009-2010, unspecified amounts of PT, and extensive periods of time off of work. A request has been submitted for MRI of the left shoulder.

MTUS ACOEM guidelines note criteria for pursuit of imaging studies include individuals whose limitations and symptoms have persisted for greater than one month, those individuals who fail to progress in a program of strengthening intended to avoid surgery, and/or in those individuals in whom a surgery for a full-thickness rotator cuff tear is being contemplated. The medical records note shoulder strength and range of motion have not been measured or documented on any recent office visit in 2013. There is a history of prior shoulder surgery, progressively worsening symptoms throughout 2013, failure to progress through physical therapy, continued Norco use for pain relief, and the employee remains off of work. The records indicate MRI imaging is being sought to rule out a full-thickness rotator cuff tear for which surgical intervention may be possible. The guideline criteria for an MRI have been met in this case. The requested MRI of the left shoulder **is medically necessary and appropriate.**

2) Regarding the request for MRI of the 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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Shoulder Chapter, Pages 207-208, 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.

Rationale for the Decision:

The employee sustained an industrial injury on 1/04/00. The submitted and reviewed medical records note pain involving the right shoulder, low back, right knee, neck, right ankle, left shoulder and left upper extremity. The records indicate prior treatment has included: analgesic medication, transfer of care to and from various providers in various specialties, topical lotions, a gym membership, an interferential unit, prior right and left shoulder surgeries in 2009-2010, unspecified amounts of PT, and extensive periods of time off of work. A request has been submitted for MRI of the right shoulder.

MTUS ACOEM guidelines note criteria for pursuit of imaging studies include individuals whose limitations and symptoms have persisted for greater than one month, those individuals who fail to progress in a program of strengthening intended to avoid surgery, and/or in those individuals in whom a surgery for a full-thickness rotator cuff tear is being contemplated. The records indicate the employee had prior right shoulder MRI imaging in February 2013. There is no clear evidence in the records submitted indicating the employee would consider

or contemplate further right shoulder surgery were it offered. The requested MRI of 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

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.