

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/30/2013

[Redacted]

[Redacted]

Employee: [Redacted]
Claim Number: [Redacted]
Date of UR Decision: 7/8/2013
Date of Injury: 2/26/2002
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002427

- 1) MAXIMUS Federal Services, Inc. has determined the request for a left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for pre-operative lab work **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for assistant surgeon **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for post-operative cold therapy unit **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for post-operative Ultra Sling **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy, two times a week for six weeks **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for pre-operative medical clearance **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 a left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for pre-operative lab work **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for assistant surgeon **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for post-operative cold therapy unit **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for post-operative Ultra Sling **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy, two times a week for six weeks **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for pre-operative medical 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 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.

Case Summary:

Disclaimer: The utilization review determination did not contain a clinical summary.

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 (received 7/22/2013)
- Utilization Review Determination from [REDACTED]
- Medical Records from employee/employee
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient:

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

The Claims Administrator based its decision on Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages 209-210, which is part of the MTUS. The Expert Reviewer found the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), page 211, which is part of the MTUS, guidelines relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury on 02/26/2012 as the result of cumulative trauma. The clinical note dated 05/22/2013 reports that the employee was seen for an initial orthopedic consultation for left shoulder pain complaints. The records indicate that the employee underwent two left elbow surgeries as well as a left shoulder surgery; however, the employee does not recall what procedures or dates of procedures. The records indicate that the employee has not consulted with a physician for several years for her left shoulder pain complaints. The records indicate current medication regimen includes atenolol, Cozaar, hydrochlorothiazide, Cymbalta, Nexium and Reglan. The records indicate that four views of the employee's left shoulder were ordered and evaluated, and there was a type II-B acromion noted. The records indicate severe AC joint arthrosis with a superior spur. A physical exam documented full range of motion, unrestricted and without signs of adhesive capsulitis to the left shoulder. The MR arthrogram of the employee's left shoulder dated 06/17/2013, revealed a chronic-appearing anterior inferior labral capsular detachment Bankart variation which was predominately Perthes lesion and a deep impacted Hill-Sachs deformity, chronic. There was medial stripping of the labral capsular insertion at the 6 o'clock position and no evidence for a rotator cuff tear was noted. The medical records document that the employee subjectively reported numbness to the bilateral hands, attributed to repetitive tasks. However, the records indicate range of motion continued to be full and unrestricted without signs of adhesive capsulitis. Motor strength was noted to be 5/5 in external rotation and internal rotation and 4+/5 in abduction with some pain. Instability tests were negative. The provider recommended surgical interventions for the employee indicative of arthroscopy with distal clavicle excision.

The MTUS/ACOEM guidelines indicate, "Surgical considerations depend on the working or imaging confirmed diagnoses of the presenting shoulder complaint." The clinical notes lack evidence of recent conservative treatment modalities for pain complaints such as supervised therapeutic interventions, a medication regimen and injection therapy. The request for a left shoulder surgery exam under anesthesia followed by arthroscopy with distal clavicle excision, outpatient **is not medically necessary and appropriate.**

2) Regarding the request for pre-operative lab work :

Since the left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient is not medically necessary, none of the associated services are medically necessary and appropriate.

3) Regarding the request for assistant surgeon :

Since the left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient is not medically necessary, none of the associated services are medically necessary and appropriate.

4) Regarding the request for post-operative cold therapy unit :

Since the left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient is not medically necessary, none of the associated services are medically necessary and appropriate.

5) Regarding the request for post-operative Ultra Sling :

Since the left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient is not medically necessary, none of the associated services are medically necessary and appropriate.

6) Regarding the request for post-operative physical therapy, two times a week for six weeks:

Since the left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient is not medically necessary, none of the associated services are medically necessary and appropriate.

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

Since the left shoulder surgery exam under anesthesia, followed by arthroscopy with distal clavicle excision, outpatient is not medically necessary, none of the associated services are 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

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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.