

Independent Medical Review Final Determination Letter

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Dated: 12/31/2013

IMR Case Number:	CM13-0004697	Date of Injury:	05/27/2009
Claims Number:	[REDACTED]	UR Denial Date:	07/03/2013
Priority:	STANDARD	Application Received:	07/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
SURGERY RIGHT SHOULDER ARTHROSCOPY WITH SAD ANDN POSSIBLE ARTHROTOMY WITH RCR, LINDORA WEIGHT LOSS PROGRAM			

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: OVERTURN. This means we decided that all 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]

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 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 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 claimant is a 38 year old male who sustained a right upper extremity injury in a work related accident on May 27, 2009. The clinical records include a recent progress report of July 26, 2013 with Dr. [REDACTED] at which time the claimant was evaluated for complaints of right shoulder pain. At that time he was appealing a Utilization Review decision regarding the surgical request for rotator cuff repair procedure. He states the MRI scan demonstrates rotator cuff tendinopathy with moderate impingement and acromioclavicular joint changes. He indicated that the claimant's recent physical examination was with diminished 4- out of 5 strength to the right deltoid, positive Hawkins impingement and Yergason testing and failed conservative treatment consistent with medication usage. A previous subacromial injection to the shoulder was provided with only temporary pain relief. Surgical intervention to include rotator cuff repair was again recommended.

IMR DECISION(S) AND RATIONALE(S)

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

1. right shoulder arthroscopy with SAD and possible arthrotomy with RCR is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines and Official Disability Guidelines, Shoulder chapters.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 9, pages 210-211, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS ACOEM Guidelines the requested right shoulder arthroscopy with subacromial decompression and possible rotator cuff repair would appear warranted. The treating physician makes a case that the claimant is with significant tendinopathy on the MRI scan with failed conservative care including injections and positive physical examination that continues to demonstrate impingement as well as weakness. The surgical intervention to include decompression, and possible rotator cuff repair based on the anatomic findings at the time of intervention would appear to be medically necessary.

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.

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