

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	1/16/2013
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005099

- 1) MAXIMUS Federal Services, Inc. has determined the request for right shoulder MR arthrogram **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 right shoulder MR arthrogram **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer 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.

Expert Reviewer Case Summary:

This patient is a 49-year-old male who reported an injury on 01/16/2013. The recent clinical summary indicates in the history of the patient's injury that he was working and pulling a rack filled with plants when the patient felt a pull in the right shoulder. Furthermore, the notes indicate that the patient "threw" his back out while bending down to place a last set of plants at the bottom of a table. Subsequent treatment of the patient's right shoulder included x-rays of the right shoulder as well as medication which is unspecified and a referral for physical therapy. The notes indicate also that the patient was placed on modified duty, with the patient having undergone 6 sessions of physical therapy. MRIs were obtained of the right shoulder and lumbar spine in 02/2013 and electrodiagnostic studies were performed on 03/15/2013. The notes indicate that the patient was referred for an epidural steroid injection which was performed by Dr. [REDACTED] which provided the patient no significant relief. The notes indicate that the patient is subsequently recommended for surgery. The notes indicate that the patient was to pursue a non-surgical option for treatment and that the patient was started on physical therapy and that the patient underwent cortisone and Toradol injections. The notes indicate that the patient had 7 sessions of physical therapy which were primarily focused on the right shoulder. Current complaints of the patient include tingling down both of the legs with weakness and inability to walk for more than 10 to 15 minutes a time. Furthermore, the patient has complaints of right shoulder pain with numbness in both arms and hands and reports that he has headaches which started approximately 1 month ago after lumbar epidural steroid injections. The patient verbalizes his pain as 10/10 and indicates that his pain increases with prolonged sitting and standing. Physical examination of the patient most recently on 10/07/2013 was limited primarily to the lumbar spine noting normal reflexes, sensory and power testing to the bilateral upper and lower extremities except for numbness and weakness bilaterally at L5-S1 with 1+ ankle reflexes and straight leg raise and bowstring tests positive bilaterally. The notes indicate that the patient is able to heel and toe walk bilaterally and has lumbar tenderness with lumbar spine range of motion increased by 60% and femoral stretch tests negative bilaterally. The most recent physical therapy evaluation was completed on 08/01/2013 with examination findings limited only to the lumbar spine. The notes

indicate that the patient stated his right shoulder was better; however, not at 100%. The most recent clinical evaluation of the patient's right shoulder was carried out on 07/30/2013 noting right shoulder tenderness at the footprint with positive Hawkins and positive empty can test as well as guarding with range of motion noting forward flexion of 120 degrees, extension 25 degrees, abduction 115 degrees, and external rotation of 60 degrees with internal rotation of 35 degrees. Strength of the supraspinatus in testing was 4/5, external rotation 4/5, and internal rotation 4+/5.

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
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right shoulder MR arthrogram:

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 207-209), which is part of the MTUS and the Official Disability Guidelines (ODG) Treatment Index, 7th Edition (Web) 2012, Shoulder, MRI scan, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, pages 207-209), which is part of the MTUS.

Rationale for the Decision:

The California MTUS/ACOEM Guidelines indicate that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided red flag conditions are ruled out. The documentation submitted for review indicates that the employee was initially injured on 01/16/2013. The documentation submitted for review indicates the employee's last evaluation was carried out on 07/30/2013 for the right shoulder which noted tenderness of the right shoulder footprint with positive Hawkins and empty can test as well as limitation in all ranges of motion and 4/5 strength with both supraspinatus and external rotation and 4+/5 strength with internal rotation. The notes indicate that the employee has since undergone physical therapy; however, the most recent physical therapy notes fail to address an examination of the employee's right shoulder. There is no indication of quantified ranges of motion, manual muscle testing for the right shoulder or progression in the employee's stated treatment goals. Additionally, there is a lack of documentation in the interval since 07/30/2013 indicating a progression in the employee's symptoms or to detail the functional response to physical therapy. The most recent physical therapy notes indicate that the right shoulder was overall improved, but not at 100%. There is a lack of documentation indicating progression or red flag pathology significant to warrant right shoulder MR

arthrogram. **The request for right shoulder MR arthrogram 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

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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.