

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 3/7/2013
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006038

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]

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 Connecticut, North Carolina, and Pennsylvania. 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

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

This is a 41-year-old female who was injured her right shoulder in a work-related accident on March 7, 2013. The records indicate initial injury to the right shoulder. Clinical records for review in regard to the right shoulder indicate radiographs from March 7, 2013 that showed a normal evaluation. An MRI scan of the shoulder from April 8, 2013 showed an abnormal appearing superior labrum with possible tearing. It indicated if symptoms of shoulder instability exist, further imaging in the form of arthrogram could be considered.

A recent clinical progress report, dated July 29, 2013, stated the claimant was with continued complaints of pain about the right shoulder, for which surgery had been requested but denied by the carrier. There was noted to be a physical examination with 85 degrees of forward flexion, significantly limited on the right side with no other formal findings documented. The working diagnosis was that of shoulder adhesive capsulitis with possible superior labral tearing. There is a request for surgical intervention at present in the form of a distal clavicle excision and a manipulation under anesthesia for further definitive care.

The request had previously been denied by utilization review citing lack of conservative measures and examination findings that did not correlate with imaging.

IMR DECISION(S) AND RATIONALE(S)

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

1. Possible distal clavicle excision and manipulation under anethesia is not medically necessary and appropriate.

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages, 204, 211 & 214, which is part of the

MTUS, and the Official Disability Guidelines, Shoulder Chapter, Manipulation under anesthesia, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Based on Official Disability Guideline criteria, as California and MTUS guidelines are silent, surgical intervention to include distal clavicle excision and manipulation under anesthesia would not be supported. The employee's physical examination findings over the past five months are not documented with no indication of acromioclavicular joint findings on MRI or radiographs available for review that would support a surgical process. The need for the above request to include a manipulation under anesthesia and distal clavicle excision would not be supported as necessary. **The request for possible distal clavicle excision and manipulation under anesthesia is not medically necessary and appropriate.**

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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