

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/17/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	10/10/2006
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006744

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right shoulder injections is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/3/2013. 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 injections is 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.

Expert Reviewer Case Summary:

The patient reported a work-related injury to the right shoulder on October 10, 2006. Clinical records for review indicated that the patient initially injured her neck with radiating pain down the right upper arm, low back pain, and hip pain; the mechanism of injury was unclear.

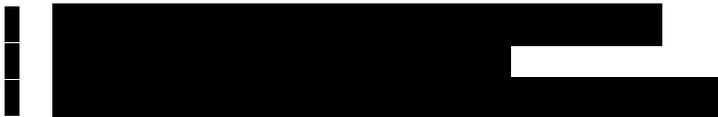
Recent clinical report for review of July 10, 2013 showed continued complaints of neck pain radiating down the right arm and low back pain. Physical examination findings specific to the right shoulder showed no swelling, deformity, or asymmetry. There was limited flexion to 155 degrees, 40 degrees of external rotation, negative Hawkins testing, and tenderness noted over the acromioclavicular joint and trapezius to palpation. Motor examination of the upper extremities was 5/5 in all planes. The treatment plan at that time was continuation of opioid medication, and authorization for a right shoulder injection to "address persistent pain which is limiting function."

There were medical records for a request for an injection dating back to December 2012, but no indication that the shoulder injection had taken place.

Further review of clinical records fails to indicate any injection being given dating back to time of injury. The treating physician's report of October 17, 2012 indicated that the appeal for the denied right shoulder injection was the first request for a shoulder injection in this case.

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:



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.