

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: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	12/22/2005
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0007126

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 **MRI of the left shoulder** 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 is a 49-year-old female who reported injury on 12/22/2005. The patient was noted to have an MRI on 11/28/2006 and an arthroscopic surgery to the shoulder in 2007. The mechanism of injury was stated to be a repetitive heavy pushing, pulling, lifting and repetitive gripping, grasping, and hand movements. Current diagnoses were stated to be left shoulder rotator cuff syndrome, status post operative arthroscopy with worsening pain and loss of function. The request was noted to be for an MRI of the left shoulder.

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 MRI of the left shoulder :

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 the ACOEM California MTUS Guidelines, which is 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 Review based his/her decision on the Official Disability Guidelines Shoulder and MRI Chapters.

Rationale for the Decision:

CA MTUS/ACOEM Guidelines do not address repeat MRIs. The Official Disability Guidelines recommend MRIs for findings suggestive of a significant pathology or a significant change in symptoms. The office note dated 07/08/2013 included with the medical records provided for review states that the employee had limited range of motion with flexion of 160 degrees, extension 40 degrees, abduction of 150 degrees, adduction of 40 degrees, and internal and external rotation of 70 degrees. The supraspinatus test was noted to be positive and the employee's strength test was noted to be 4/5 with flexion, abduction, and external rotation. The examination of the left shoulder on 08/23/2013 revealed the employee had limited range of motion with flexion of 60 degrees, abduction of 60 degrees, and internal and external rotation of 10 degrees on the left side. The supraspinatus test was noted to be positive on the left side. The employee was noted to have a painful arc of motion beyond 135 degrees and muscle strength was noted to be 4/5 in flexion, abduction, and external rotation. Clinical documentation submitted for review indicated that the employee had a loss of range of motion between the dates of 07/08/2013 and 08/23/2013. The employee had a painful arc of motion beyond 135 degrees. The supraspinatus test was noted to be positive on the left side. The above exceptional factors warrant study. **The request for MRI of the left shoulder is 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

/MCC

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.