

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009



April 26, 2013

**Notice of Expedited Independent Medical Review Determination  
MAXIMUS Case No. CM13-000225**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Determination:** MAXIMUS Federal Services, Inc. has determined the requested magnetic resonance imaging (MRI) without contrast of right shoulder is **not medically necessary**.

A request for a(n) expedited Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS Federal Services as the designated Independent Medical Review Organization.

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 Radiology 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 professional 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.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

**The Utilization Review Denial/Modification dated April 13, 2013 has been upheld.**

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 13, 2013

“The patient is a 43-year-old female with history of a work related injury on 3/19/13. The office report from 4/9/13 indicates that the patient is doing better. She is working within the restrictions and is improving. She has improved with physical therapy. The pain was described as mild and sore. Her symptoms are aggravated by reaching or pushing. The examination noted no swelling, crepitation, or deformity. Diffuse tenderness was noted. There was improving range of motion (ROM) with a negative Hawkin’s and negative impingement sign. The impression was a rotator cuff strain. The plan was to continue with therapy and medications and return for follow-up in a week. There was a request for an MRI of the shoulder. EXPLANATION OF FINDINGS: The documentation indicates that this patient had a shoulder strain and has been going for physical therapy. The note from 4/9/13 indicates improvement with mild discomfort still present. Examination findings are limited to tenderness at the shoulder. There is a request for an MRI study. ACOEM guidelines, shoulder disorders section indicates in regards to the necessity for MRI studies; ‘MRI is recommended for patients suspected of having acute, clinically insignificant rotator cuff tears.’ The documentation does not indicated findings consistent with a clinically significant rotator cuff tear and the patient is improving with treatment. Based on the above, medical necessity is not established for the requested MRI study. The request is not supported by the documentation or guidelines.”

### **Documents Reviewed for Determination:**

The interested parties were notified that the review was assigned on a standard basis. The relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for IMR
- Utilization Review by [REDACTED] (dated 4/13/13)
- Medical Review by [REDACTED] (dated 4/12/13)
- Utilization Management Peer Review – Referral Form by [REDACTED] (dated 4/11/13)
- Employee Medical Records from [REDACTED] (dated 3/21/13 through 4/16/13)
- ACOEM – Chapter 9 “Shoulder Complaints”

**Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Addition, 2004 (Shoulder chapter). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator appropriate for the clinical circumstance.

**Rationale for the Decision:**

The employee has no “red flags” and has improved with conservative treatment. Also, there was no surgical consultation. There is no reason for imaging with improving physical findings and no surgical consultation.

**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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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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.