

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the biceps tenodesis with subscapularis tendon repair requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the postoperative physical therapy visits (12 total visits) requested **are not necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/25/2013 disputing the Utilization Review Denial dated 4/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/30/2013. 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 biceps tenodesis with subscapularis tendon repair requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the postoperative physical therapy visits (12 total visits) requested **are not necessary and appropriate.**

Medical Qualifications of the Professional 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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 19, 2013.

“This is a 60 year-old female with a 1/18/2013 date of injury; she was lifting trash into a dumpster. 4/12/13 progress report indicates persistent right shoulder complaints. Physical exam demonstrates right shoulder abduction 60 degrees, extension to zero degrees, moderate tenderness on supraspinatus and infraspinatus, wasting of the muscle gargle, positive impingement and drop arm test. There is also tenderness at the biceps tendon proximally at the level of the bicipital tunnel. 2/3/13 right shoulder MRI demonstrates, mild tenosynovitis of the long head of the biceps tendon, mild degenerative changes of the AC joint, and mild tendinosis of the subscapularis tendon. Treatment to date has included medication, activity modification.”

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 for Independent Medical Review dated 04/25/2013
- Utilization Review Determination provided by [REDACTED] dated 04/19/2013
- Medical Records from [REDACTED], MD from 1/18/2013 through 4/16/2013
- MTUS/ACOEM guidelines, 2nd Edition, 2004, Chapter 9, pages 209-212, Shoulder complaints

- Post Surgical Treatment Guidelines of the California MTUS 2009, complete rupture of the rotator cuff, page 28
- Official Disability Guidelines, Shoulder Chapter
- Wheeler's Textbook of Orthopaedics, Biceps Tendonopathy

1) Regarding the request for biceps tenodesis with subscapularis tendon repair:

Section of the Medical Treatment Utilization Schedule 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) Guidelines, 2nd Edition, (2004) – Chapter 9 and Official Disability Guidelines (ODG) (2009) – Shoulder Section, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured while lifting trash into a dumpster and complained of shoulder pain. The medical records received showed the patient had normal strength. A shoulder magnetic resonance imaging (MRI) performed on 2/23/12 showed mild tenosynovitis of the long head of the biceps tendon but no evidence of full thickness tear.

ACOEM – Chapter 9 (Page 211) states that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon and can almost always be managed conservatively because there is no accompanying functional disability. Surgery is not necessary for function. ACOEM – Chapter 9 (Page 210) states that for full-thickness and small rotator cuff tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. Surgery for impingement syndrome is not indicated for patients with mild symptoms or those who have no activity limitations. In addition, conservative care can be carried out for at least 3 to 6 months before considering surgery.

The employee's medical records received showed no evidence of full thickness tear. The biceps tenodesis with subscapularis tendon repair requested is not medically necessary and appropriate.

2) Regarding the request for postoperative physical therapy visits (12 total visits):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines (2009) – Complete Rupture of Rotator Cuff Section, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the

guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The guidelines referenced above recommend physical therapy following rotator cuff surgery. Where surgery is not medically necessary and appropriate, the guidelines do not indicate physical therapy is appropriate. In this case, the requested biceps tenodesis with subscapularis tendon repair is not medically necessary and appropriate. As such, the postoperative physical therapy visits (12 total visits) requested are also 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,

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

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.