

**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**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of the right shoulder requested **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/29/2013 disputing the Utilization Review Denial dated 4/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/14/2013. 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 magnetic resonance imaging (MRI) of the right shoulder requested **is medically 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 Occupational Medicine 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 23, 2013

“This 57-year-old male who was injured on 4/8/13. The mechanism of injury, occurred after he lost his balance and fell between a truck platform and a dock, injuring his right knee and right shoulder. Subsequently, the patient was diagnosed with recurrent dislocation of joint shoulder region. Per the Doctor’s First Report of Occupational Injury or Illness dated 4/9/13, he rated pain 2/10 on a pain scale. A physical exam noted tenderness to palpation to the right paracervical/trapezius muscles. Cervical spine range of motion was noted as full with pain on left rotation/tilt. Tenderness with palpation was noted to the right biceps tendon and the shoulder was noted to be in an immobilizer. X-rays performed on 4/9/13 were reviewed in the clinic and noted the humerus was in place, and good reduction with large acromial spur. The patient was prescribed Bactroban ointment, Omeprazole 20 mg. Lodine 500 mg, and moist electric hot pack. The patient was place on modified work duty to include no use of right arm, shoulder, or wrist, no overhead work, sitting work only, and shoulder immobilizer to be worn at all times.”

### **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 4/29/13)
- Utilization Review Determination for [REDACTED] (dated 4/18/13)

- Utilization Review Determination for [REDACTED] Appeal (dated 4/18/13)
- Employee Medical Records from [REDACTED], MD (dated 4/9/13-5/9/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Shoulder Complaints, pg. 207-20

**1) Regarding the request for magnetic resonance imaging (MRI) of the right shoulder:**

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> Edition, (2004), Shoulder Complaints, pg. 207-20. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance at the time of the determination.

Rationale for the Decision:

The employee injured the right shoulder on 4/8/13 in a work-related incident. The medical records provided and reviewed indicated the request for the MRI was denied (on 4/23/2013) based on ACOEM Guidelines which state that MRI was not medically necessary due to the lack of conservative treatment measures and lack of red flag findings necessitating an MRI. The 5/9/13 medical record indicates poor improvement in the right shoulder pain. On 5/9/13 the patient was treated with a steroid injection and prescribed physical therapy.

The injured employee has had conservative treatment with work restrictions, pain medication, and immobilization. One month after the date of injury the employee was still in significant pain in his shoulder even though the cervical pain and knee pain had resolved. The primary treating provider then provided a steroid injection and ordered physical therapy 3 sessions per week for 2 weeks. Since this employee suffered a traumatic injury with poor improvement after a month, an MRI is consistent with the ACOEM recommendations. The requested magnetic imaging resonance (MRI) **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;

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

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