

**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 requested right shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible capsulotomy and manipulation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested post-operative physical therapy 3 times a week for 8-10 weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested pre-operative labs, complete blood count (CBC), comprehensive metabolic panel, and electrocardiogram (EKG) **are not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/2/2013 disputing the Utilization Review Denial dated 4/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/11/2013. 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 requested right shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible capsulotomy and manipulation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested post-operative physical therapy 3 times a week for 8-10 weeks **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested pre-operative labs, CBC, comprehensive metabolic panel, and EKG **are not 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 23, 2013.

“According to the clinical documentation, the patient is a 56-year-old who sustained an injury on 01/22/2013. The patient was walking dragging a hose and tripped over mat and fell forward to right side landing on right shoulder and right knee. According to the PR-2 report dated 04/19/2013, by Dr. [REDACTED], M.D., MPH, the patient was noted having a constant mild aching and throbbing pain in the right shoulder. The patient stated doing home exercise program to keep range of motion intact. Magnetic Resonance Imaging (MRI) performed on 02/06/2013, interpreted by [REDACTED], M.D., documented partial thickness attachment site tearing of the supraspinatus tendon and interstitial tearing of the subscapularis tendon, stable since 11/15/2012. No new full-thickness tearing has developed; resolved humeral head bone marrow edema; and deltoid muscle strain. On physical exam, there was tenderness to palpation in the anterior near long head biceps tendon and posteriorly. Patient's active range of motion was limited to flexion to 100 degrees and abduction to 90 degrees. There was also limited external and internal rotation especially internal rotation. There was pain with resisted abduction. The patient was diagnosed with tear of right rotator cuff; sprain and strain of unspecified site of right shoulder; forearm strain of the right resolved; right

shoulder pain; adhesive capsulitis of shoulder; and contusion of right shoulder. According to the request for additional information report dated 04/16/2013, recommended treatments included right shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible capsulotomy and manipulation; requested post-op physical therapy three times a week for 8 to 10 weeks; pre-op labs and EKG comprehensive metabolic panel."

**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 (received 5/2/13)
- Utilization Review determination (dated 4/23/13)
- MRI report from [REDACTED] (dated 2/6/13)
- Employee medical records from [REDACTED], MD (Dated 1/22/13 - 4/5/13)
- Employee medical records from [REDACTED], MD (dated 3/29/13)
- Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), pg. 198-215

**1) Regarding the request for right shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible capsulotomy and manipulation:**

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

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), pg. 198-215, which is part of the Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG) Shoulder (updated 03/07/13) which is not part of MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as a tear of the right rotator cuff; sprain and strain of unspecified site of right shoulder; right shoulder pain; adhesive capsulitis of shoulder; and contusion of right shoulder. Based on the findings of 4/16/13, the employee's clinical condition is more appropriately described as adhesive capsulitis. The MTUS is not applicable to the employee's condition; therefore, the Expert Reviewer used the ODG Shoulder (updated 03/07/13) Surgery section for adhesive capsulitis and manipulation under anesthesia.

Rationale for the Decision:

The employee sustained an injury at work to the right shoulder on 1/22/13. Medical records provided and reviewed indicate a shoulder MRI was performed on 2/6/13 documenting a partial thickness attachment site tearing of the supraspinatus tendon and interstitial tearing of the subscapularis tendon. It is noted that the MRI shows no new or recent tearing of the rotator cuff compared to the MRI done on 11/15/12. The medical record from 4/19/13 indicates poor

shoulder range of motion which would indicate adhesive capsulitis is the more significant issue than the partial thickness supraspinatus involvement.

The requested shoulder intervention includes surgery for shoulder impingement and surgery for adhesive capsulitis. This combination of surgeries would not be recommended together, and the notes of the treating surgeon are not available to explain the rationale for requesting both. ODG recommends conservative treatment for adhesive capsulitis which would include physical therapy, NSAIDs, and injections as a good long-term treatment regimen; surgery would only be considered if conservative therapy had failed. The request also includes manipulation under anesthesia which is recommended as an option in cases of failed conservative treatment. The medical records provided and reviewed do not indicate all avenues of conservative treatment have been exhausted. The request for right shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible capsulotomy and manipulation **is not medically necessary and appropriate.**

**2) Regarding the request for post operative physical therapy 3 times a week for 8-10 weeks:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Shoulder (updated 03/07/13) physical therapy for rotator cuff syndrome/Impingement syndrome, sprained shoulder; rotator cuff, and adhesive capsulitis which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance as MTUS did not address the disputed issue.

Rationale for the Decision:

The employee sustained injury at work to the right shoulder on 1/22/13. Medical records provided and reviewed indicate a shoulder MRI was performed on 2/6/13 documenting a partial thickness attachment site tearing of the supraspinatus tendon and interstitial tearing of the subscapularis tendon. It is noted that the MRI shows no new or recent tearing of the rotator cuff compared to MRI done on 11/15/12. The medical record from 4/19/13 indicates poor shoulder range of motion which would indicate adhesive capsulitis is the more significant issue than the partial thickness supraspinatus involvement.

The proposed physical therapy would exceed the initial course of postsurgical physical medicine treatment of 12-15 visits as recommended by the ODG, and since the requested surgical intervention is not medically necessary and appropriate; the request for post operative physical therapy, 3 times a week for 8-10 weeks, **is not medically necessary and appropriate.**

**3) Regarding the request for pre-operative labs, CBC, comprehensive metabolic panel, and EKG:**

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

The Claims Administrator based its decision on the Perioperative protocol. Health care protocol. National Guideline Clearinghouse, Institute for Clinical Systems Improvement (2012), pg. 102, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained injury at work to the right shoulder on 1/22/13. Medical records provided and reviewed indicate a shoulder MRI was performed on 2/6/13 documenting a partial thickness attachment site tearing of the supraspinatus tendon and interstitial tearing of the subscapularis tendon. It is noted that the MRI shows no new or recent tearing of the rotator cuff compared to MRI done on 11/15/12. The medical record from 4/19/13 indicates poor shoulder range of motion which would indicate adhesive capsulitis is the more significant issue than the partial thickness supraspinatus involvement.

The requested surgical intervention is not medically necessary and appropriate; therefore, the request for pre-operative labs, CBC, comprehensive metabolic panel, and EKG **are 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, 18<sup>th</sup> 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.