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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the right shoulder **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/6/2013 disputing the Utilization Review Denial dated 4/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. 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 an MRI of the right shoulder **is 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 Internal 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 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 18, 2013.

"History of Condition: The question is: should the right shoulder MRI be authorized?  
History: [REDACTED] has a DOI of 01/28/13 and is noted to be a 29 y/o female. This patient has diagnosis of Shoulder sprain RIGHT 840.9. The MCM noted NARRATIVE: Injury/Mechanism of Injury: Injured Worker(IW) is a 29 yr old female Parcel Freight worker that was injured on 01/28/2013 when a 20 lb. box fell from a pallet and hit IW in the head while she was kneeled down putting labels on boxes. Treatment to date: Chiropractic Therapy X6, Physical Therapy(PT) X4. Clinical findings of IW's complaint of some continued intermittent dull pain mild to moderately severe of Right Shoulder. IW states that her condition is better. IW is currently working modified duty. Objective findings of pain with motion and restriction of movement of the shoulder. Per exam note of 04/04/2013, IW was just to begin requested 6 Physical therapy sessions and as of this date has completed only 4. On 04/04/13 there is note the patient has improved as expected to date. The exam noted TTP in right trap and deltoid. The drop arm test was negative. There was note of 120 flexion and full cuff strength. Diagnoses were s/s shoulder and s/s 'whiplash'. There was note PT was to commence on Monday. There is note of completion of chiro to date. This is now request for MRI of right 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 for Independent Medical Review
- Utilization Review by [REDACTED] – Sacramento (dated 4/18/13)

- Employee's Medical Records by [REDACTED] (dated 1/30/13 thru 5/1/13)
- Request for Authorization for Medical Treatment (dated 2/27/13)
- American College Of Occupational And Environmental Medicine (ACOEM) 2<sup>nd</sup> Edition (2004) Shoulder Complaints Chapter 9, pg 207
- Official Disability Guidelines (ODG) – Shoulder

**1) Regarding the request for an MRI of the right shoulder:**

Medical Treatment Guideline(s) Relied Upon by the Expert 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 Chapter 9, pg 207, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Shoulder Chapter, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a workplace injury on 1/28/13. She was diagnosed with right shoulder sprain. Treatment to date included chiropractic therapy and physical therapy.

ACOEM guidelines indicate that for most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Medical records submitted and reviewed show that the employee has received follow-up visits, and chiropractic treatments, and as of 5/1/13 the employee was discharged from physical therapy pain-free, had no physical abnormalities and was working full-time without restriction. The request for MRI of the right shoulder is 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  
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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.



