

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination.

[REDACTED]

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- 1) MAXIMUS Federal Services, Inc. has determined the Magnetic Resonance Imaging of the left shoulder requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/17/2013 disputing the Utilization Review Denial dated 5/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/17/2013. A decision has been made for the treatment and/or service that was in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the Magnetic Resonance Imaging of the left shoulder requested **is not 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 Radiology, has a subspecialty in Diagnostic 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 8, 2013

“This 57-year-old male sustained an injury on 3/8/2013. The mechanism of injury occurred when he awoke from sleeping, with ankle, shoulder, and knee pain. The information in the PR2 note provided from the notes of [REDACTED] dated 3/11/2013, indicated that with respect to the knee, shoulder, and ankle, there was “no evidence of industrial causation”. Examination of the left shoulder was deferred presumably because of pain, and examination of the ankle showed no tenderness and no significant findings. An examination of the knee showed normal gait and normal range of motion, etc. The information provided does not indicate a medical causation. A discussion was held with [REDACTED] who stated that in his notes, the patient was lifting crates of 150 pounds and the next day he walked with pain. The patient went to an urgent care facility where they gave him a sling. After obtaining a sling, the patient then went to an industrial clinic, an emergency room, and also to his primary care physician. An MRI was requested but refused. The patient was then sent to see [REDACTED] stated that on examination of the shoulder, he had only 90 degrees of abduction and 140 degrees of forward flexion. The patient had positive Hawkins and impingement signs. He had grade 4+/5 weakness of the rotator cuff and some tenderness over the biceps tendon. [REDACTED] requested physical therapy and an MRI. With respect to the request for an MRI, it would be considered not consistent with these guidelines as the patient has had no physical therapy yet. Therefore the request is non-certified.”

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 date 5/17/2013
- Utilization Review Determination provided by [REDACTED] Insurance dated 5/08/2013
- Medical Records from [REDACTED] dated 3/11/2013
- Medical Records from [REDACTED] dated 3/11/2013
- Medical Records from [REDACTED] dated 3/11/2013 and 3/12/2013
- Medical Records for [REDACTED] dated 3/13/2013
- Medical Records from [REDACTED] . dated from 4/12/2013 through 4/19/2013
- American College of Occupational and Environmental Medicine Guidelines (ACOEM), 2nd Edition, 2004, Shoulder complaints, Chapter 9, pages 208-214, as contained within the California MTUS guidelines

Regarding the Request for Magnetic Resonance Imaging of the left shoulder:

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 Guidelines (ACOEM), 2nd Edition, 2004, Shoulder complaints, Chapter 9, pages 208-214, 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 patient awakened from sleep with pain of the ankle, shoulder and knee. He has been treated for left shoulder pain of uncertain origin. There are no concerning findings on physical exam. The medical documents provided do not indicate any consideration of surgery. The American College of Occupational and Environmental Medicine Guidelines (ACOEM), 2nd Edition, 2004, Shoulder complaints, Chapter 9, pages 208-214, of the California MTUS guidelines, indicate that an Magnetic Resonance Imaging (MRI) is not recommended for evaluation without surgical indications. Other criteria for ordering imaging studies include failure to progress in a strengthening program intended to avoid surgery. The submitted medical records do not show that the patient has completed or failed a trial of conservative care including requested physical therapy. The requested MRI of the left 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
1515 Clay Street, 18th 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.