

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 acromioclavicular joint resection/debridement/synovectomy; open rotator cuff repair **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 12 physical therapy sessions **are not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested complete blood count (CBC) test and sequential multiple analysis-7 (SMA-7) **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/24/2013 disputing the Utilization Review Denial dated 5/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/24/2013. 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 acromioclavicular joint resection/debridement/synovectomy; open rotator cuff repair **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested 12 physical therapy sessions **are not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested complete blood count (CBC) test and sequential multiple analysis-7 (SMA-7) **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 Orthopaedic 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 May 6, 2013.

“This is a 37-year-old male with a 2/18/13 date of injury. The patient injured his shoulder when climbing a ladder. Follow up note 4/24/13 states that the patient has persistent left sided shoulder pain, pain with overhead activities and reaching behind back. Objective findings included a hypertrophic acromioclavicular joint, tenderness over acromioclavicular joint and anterior rotator cuff, forward flexion 160 degrees, abduction 160 degrees, external rotation 60 degrees, internal rotation 30 degrees, passive range of motion is within normal limits. Strength is 4/5 in all rotator cuff groups; impingement signs are positive; positive cross body pain. MRI left shoulder (4/8/13) report showed diffuse bone edema involving the acromial process and distal 3 cm of the clavicle plus a more subacute nondisplaced fracture involving the acromion opposing the acromioclavicular joint, moderate pericapsular soft tissue edema secondary to recent trauma or synovitis at the acromioclavicular joint, a subtle undersurface chronic tear is suspected in the distal intraspinus plus mild tendinosis of this tendon. The provider states that the MRI showed acromioclavicular joint inflammation and arthritis and some fractures along the distal clavicle and proximal acromion. He also has a partial thickness rotator cuff tear. Diagnostic impression includes acromioclavicular joint arthritis, impingement syndrome, and partial tear of rotator cuff left shoulder.

“Patient has been previously approved for 12 sessions of PT 2/18/13. No physical therapy notes are available for review.”

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 Decision by [REDACTED] (dated 5/6/13)
- Physical Therapy Authorization Notice by [REDACTED] (3/29/13)
- Employee’s Medical Records by [REDACTED], M.D. (dated 3/5/13 through 5/8/13)
- Employee’s Medical Records by [REDACTED], M.D. (dated 3/27/13 through 4/26/13)
- Employee’s MRI Report by [REDACTED] (dated 4/8/13)
- Employee’s Medical Records by [REDACTED] (dated 2/18/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 9: Shoulder Complaints (pages 209-214)
- Appendix C – Postsurgical Treatment Guidelines Evidence-Based Reviews (May, 2009) – Rotator Cuff Syndrome / Impingement Syndrome Section
- Official Disability Guidelines (ODG) (2013) – Shoulder Chapter: Surgery for Impingement Syndrome Section
- Fleisher LA, Beckman JA, Brown KA, Calkins H, Chaikof EL, Fleischmann KE, et al. A report of the American College of Cardiology/American Heart Association task force on practice guidelines. ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery, 2007; 116:e418-e500
- Lervick, GN, Direct arthroscopic distal clavicle resection. Iowa Orthop J. 2005; 25: 149-156

1) Regarding the request for acromioclavicular joint resection/debridement/synovectomy; open rotator cuff repair:

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, 2nd Edition (2004), Chapter 9, pages 209-214), which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) (2013) – Shoulder Chapter: Surgery for Impingement Syndrome Section, which is not part of the MTUS. Additionally, the Claims Administrator cited Lervick, GN, Direct arthroscopic distal clavicle resection. Iowa Orthop J. 2005; 25: 149-156,¹ 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.

¹ Viewed at <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1888780>.

Rationale for the Decision:

The employee injured his left shoulder while climbing a ladder on 2/18/2013. Medical records received and reviewed show some left shoulder complaints and positive physical findings. The employee has had x-rays that show some degenerative change of the acromioclavicular (AC) joint as well as magnetic resonance imaging (MRI) of the left shoulder that shows bone marrow edema at the AC joint consistent with a non-displaced fracture as well as a possible subtle undersurface tear rotator cuff. Surgery, postoperative physical therapy sessions, and preoperative lab studies were requested.

ACOEM recommends that a failure of conservative care be shown prior to any surgery. In this case, the employee has an AC joint area fracture and has not reached maximal medical improvement prior to requesting surgery. The employee's magnetic resonance imaging (MRI) report does not show evidence of a significant rotator cuff injury. Also, there is no documentation of conservative care that includes therapy and/or injection. The requested acromioclavicular joint resection/debridement/synovectomy; open rotator cuff repair is not medically necessary and appropriate.

2) Regarding the request for 12 physical therapy sessions:

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

The Claims Administrator based its decision on the Appendix C – Postsurgical Treatment Guidelines Evidence-Based Reviews (May, 2009), of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, pages 209-214), which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his left shoulder while climbing a ladder on 2/18/2013. Surgery, postoperative physical therapy sessions, and preoperative lab studies were requested. The physical therapy sessions are a postoperative measure. Because the requested surgery is not medically necessary and appropriate, the requested 12 physical therapy sessions also are not medically necessary and appropriate.

3) Regarding the request for complete blood count (CBC) test and sequential multiple analysis-7 (SMA-7):

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

The Claims Administrator based its decision on Fleisher LA, Beckman JA, Brown KA, Calkins H, Chaikof EL, Fleischmann KE, et al. A report of the American College of Cardiology/American Heart Association task force on practice guidelines. ACC/AHA 2007 Guidelines on Perioperative Cardiovascular

Evaluation and Care for Noncardiac Surgery, 2007; 116:e418-e500,² which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, pages 209-214), which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured his left shoulder while climbing a ladder on 2/18/2013. Surgery, postoperative physical therapy sessions, and preoperative lab studies were requested. The lab studies are a preoperative measure. Because the requested surgery is not medically necessary and appropriate, the requested preoperative CBC test and SMA-7 also are not medically necessary and appropriate.

² Viewed at <http://circ.ahajournals.org/cgi/content/full/116/17/e418>.
Final Letter of Determination Form Effective 5.16.13

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.