
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
6/21/2013

7/12/2012

7/5/2013

CM13-0000981

- 1) MAXIMUS Federal Services, Inc. has determined the request for a preoperative medical clearance **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/5/2013 disputing the Utilization Review Denial dated 6/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. 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 a preoperative medical clearance **is 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 June 21, 2013

“The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The mechanism of injury was noted as a fall. The patient’s medication regimen included Tramadol, naproxen, Prilosec, and Restoril. Surgical history was not specifically stated. Diagnostic studies include electrodiagnostic studies of the bilateral upper extremities dated 01/07/2013 by Dr. [REDACTED] and MRI of the left shoulder dated 12/18/2012 signed by Dr. [REDACTED] which revealed (1) there was a chronic-appearing retracted avulsion fracture involving the insertion of the subscapularis tendon on the lesser tuberosity, the avulsion fracture fragment measures 1.0 cm by 2.5 cm and is displaced 3.0 cm to 3.5 cm medially, there was associated atrophy of the subscapularis muscle belly superiorly that is severe; (2) there are findings that can be associated with a history of the clinical syndrome impingement, including a small subacromial enthesophyte, mild subacromial bursitis, severe tendinosis throughout the supraspinatus tendon, and a 0.4 cm less than 50% interstitial partial thickness tear involving the foot print of the supraspinatus tendon anteriorly; (3) intact labrum and capsular structures. Other therapies were not specifically stated.”

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 7/5/2013)
- Utilization Review Determination from [REDACTED] (dated 6/21/2013)
- Medical Records from [REDACTED] (dated 12/18/2012)
- Medical Records from [REDACTED], MD, QME (dated 1/7/13-6/19/13)

- Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg. 211

1) Regarding the request for a preoperative medical clearance :

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) pg. 211, which is part of the Medical Treatment Utilization Schedule (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, and, in addition, used the General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2), pg. 21, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury to the left shoulder on 7/12/12. The medical records provided for review indicate treatment has included oral medications, electrodiagnostic studies, and an MRI. Diagnoses include left shoulder impingement syndrome, left cubital tunnel syndrome, right carpal tunnel syndrome, and retracted avulsion fracture involving the insertion of the subscapularis tendon. The medical record of 5/10/13 documents a recommendation for left shoulder surgery in the form of arthroscopy and subacromial decompression, distal clavicle resection, and rotator cuff repair. The request is for preoperative medical clearance.

ACOEM guidelines indicate the need for an evaluation, which would include preoperative testing, should be on the basis of clinical history, comorbidities, and examination findings. The medical records provided for review indicate a medical evaluation was done in January of 2013, at which time there was no documentation of any type of clinical history or findings that would suggest the need for a preoperative evaluation. Additionally, it appears from the medical records provided that the surgical procedure for which the testing was ordered has not been approved. The request for a preoperative medical clearance **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

/dl

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.