

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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April 22, 2013

[REDACTED]
[REDACTED]
[REDACTED]

Employee

MAXIMUS Case Number:

Claim Number:

Date of UR decision:

[REDACTED]
CM13-000027

[REDACTED]
02/22/2013

Dear [REDACTED]

Your request for an Independent Medical Review has been completed. The Utilization Review Denial/Modification dated 02/22/2013 has been **overturned**.

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 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.

A request for a standard Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS Federal Services as the designated Independent Medical Review Organization.

DECISION AND RATIONALE

Issue at Dispute:

Whether the magnetic resonance imaging (MRI) of left shoulder is medically necessary.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 02/22/2013.

“This patient is a 46-year-old female with a reported date of injury of 1/21/13. She complains of left shoulder pain. The diagnosis is sprain of the shoulder and upper arm. The patient was treated with physical therapy. She had decreased range of motion. EXPLANATION OF FINDINGS: Prospective request for magnetic resonance imaging (MRI) of the left shoulder is non-certified per peer reviewer, [REDACTED] MD. CA MTUS does not address MRIs. Therefore, ODG will be used. ODG state: Indications for imaging – Magnetic Resonance Imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs subacute shoulder pain, suspect instability/labral tear. This patient does not have any physical findings on clinical exam such as impingement to suspect either a rotator cuff tear/impingement or instability or a labral tear. Accordingly, the patient does not meet ODG and the request is not medically necessary. The requested MRI of the left shoulder is not medically necessary.”

Documents Reviewed for Determination:

The interested parties were notified that the review was assigned on a standard basis. The relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) – Shoulder – MRI Anesthesia Textbook. The provider did not indicate which guideline(s) he/she relied upon. The professional reviewer found the evidence-based criteria used by the Claims Administrator inappropriate and relied upon the American College of Radiology (ACR) Guidelines for acute left shoulder pain in patients over 40. The professional reviewer determined that the ACR guidelines were more appropriate for the clinical circumstance.

Rationale for the Decision:

The employee has a mechanism of injury consistent with rotator cuff injury. The medical evaluation raised the possibility of rotator cuff tear and/or biceps tendon injury. The employee has had unsuccessful physical therapy. With persistent pain and decreased range of motion, an MRI evaluation for possible rotator cuff tear is appropriate and medically necessary.

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: [Redacted]
[Redacted]
[Redacted]

[Redacted]
[Redacted]
[Redacted]