

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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**Notice of Independent Medical Review Determination.
Case Number CM13-000067**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of right shoulder requested is **not medically necessary**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on March 18, 2013 disputing the Utilization Review Denial dated March 8, 2013. A Notice of Assignment and Request for Information was provided to the above parties on April 12, 2013. A decision has been made for each of the treatment and/or services that were in dispute:

MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of right shoulder requested is not medically necessary or 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 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 March 8, 2013.

“On 2/21/13, the claimant sustained an injury to his shoulder/UE and is diagnosed with shoulder strain/sprain. There is a Prospective request for a MRI of the right shoulder. This claimant has not had any conservative care to date. The claimant fell off of a ladder and injured his right wrist/forearm and right shoulder. The claimant states that the right arm doesn't work anymore. Objectively, he has localized tenderness to the right shoulder. Range of motion is forward elevation to 60 degrees. Neurovascular and strength is intact and symmetrical. PT was first approved on 3/5/13.

The Prospective request for a MRI of the right shoulder is not medically necessary.

There are no red flags and/or significant positive objective orthopedic/neurologic findings specifically symptoms/signs of instability or impingement to support this request. In addition, there is no evidence that the claimant has failed conservative care.”

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 3/8/13)
- Doctor's First Report of Occupational Injury or Illness (dated 2/21/13)
- Diagnostic Imaging by [REDACTED] (dated 2/21/13)
- Physical Therapy Treatment Referral by [REDACTED] (dated 2/25/13)
- Work Status Report by [REDACTED] (dated 2/21/13 thru 2/28/13)

1) Regarding the magnetic resonance imaging (MRI) of right shoulder:**Medical Treatment Guideline(s) 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 (ACOEM) Guidelines, 2nd Addition, 2004 – 2nd Edition, Chapter 9 (Shoulder Complaints), pages 207-209. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has a history of mechanical fall and right shoulder tenderness. Plain films showed osteopenia but no fracture. The employee's records showed that a referral was made for orthopedic consultation and physical therapy; however, the records did not indicate that either of these has occurred. There are no red flags in the records received to justify immediate advanced imaging. The requested MRI of right shoulder is not medically necessary or 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

/dj

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.