

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

Dated: 5/22/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of left shoulder requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/22/2013 disputing the Utilization Review Denial dated 3/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/16/2013. 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 magnetic resonance imaging (MRI) of left shoulder requested **is 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 7, 2013.

“MRI for the left shoulder per peer reviewer [REDACTED] MD SUMMARY OF TREATMENT/CASE HISTORY: This 65-year-old male sustained a work-related injury on 2/21/13 due to a slip and fall. The diagnosis was pain in the joint involving the shoulder region as per the UM Referral Form. A clinical note by [REDACTED], MD on 2/25/13 stated the patient was seen for a follow-up of left shoulder pain. The patient was noted to have some improvement in pain. However, he continued to have difficulty with shoulder range of motion greater than 30 degrees and weakness in the right upper extremity. He complained of intermittent tingling from the neck into all fingers on the left and neck pain. He was using Tramadol for pain, but it was making him dizzy. Upon physical examination, moderate distress and guarding of the left was indicated. A neurological examination revealed normal sensation. The patient's gait was stated as normal. Upon examination of the shoulder, it revealed the left shoulder was unable to lift greater than 30 degrees. There was a mild lag sign noted, with no deformity of the left scapulae and right shoulder. There was acromioclavicular joint tenderness noted upon palpation. There was glenohumeral joint tenderness and upper trapezius tenderness. Full range of motion was indicated for the right shoulder. It was noted, ‘unable to forward flex or lateral abduct greater than 30 degrees, unable to assess.’ Strength in the upper extremity on the right was indicated at 5/5, and on the left at 4+/5. Wrist flexion/extension was 4+/5, finger abduction was 4+/5, and left shoulder

abduction/adduction was 4-/5. The patient had positive left impingement, left drop arm, and left apprehension tests. Degenerative changes of the acromioclavicular joint were noted. There was no acute fracture or dislocation identified. The patient had listed diagnoses of strain to the shoulder rotator cuff on the left, contusion of the shoulder region, and instability of the shoulder joint on the left. An MRI was requested for evaluation of tear of the rotator cuff versus the labrum. EXPLANATION OF FINDINGS: The California MTUS/ACOEM Guidelines state, 'For most patients with shoulder problems, special studies are not needed unless a 4week to 6 week period of conservative care in observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out.' The patient was noted to have sustained a work -related injury on 2/21/13 that had resulted in left shoulder pain. In a clinical note dated 2/25/13, the patient did indicate his pain improved since his prior visit. The patient complained of difficulty with shoulder range of motion greater than 30 degrees. The patient also complained of intermittent tingling from the neck into all fingers on the left and neck pain. A neurological examination of the patient revealed normal findings. Based on objective documentation and the clinical evidence submitted for review, deficits were indicated in the left shoulder. However, there was no indication the patient had participated in any form of conservative therapy to date. The guidelines recommend that special studies are not indicated unless a 4 week to 6 week period of conservative care and observation failed to improve symptoms. The patient reported an injury occurrence on 2/21/13. There had not been a 4 to 6-week lapse of time since the onset of the injury. Based on the clinical evidence submitted for review, the request is outside the guideline recommendations. As such, the request for MRI of the left shoulder 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
- Utilization Review by [REDACTED] (dated 3/7/13)
- Physician Review Recommendation by [REDACTED] (dated 3/5/13)
- Employee's Medical Records from [REDACTED] (dated 2/28/13 through 4/9/13)
- Employee's Medical Records from [REDACTED] (dated 4/1/13 through 4/4/13)
- Employee's Medical Records from [REDACTED] (dated 2/25/13 through 4/29/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 9

1) Regarding the request for magnetic resonance imaging (MRI) of 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 (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 9, Pages 207-209, 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:

California MTUS/ACOEM Guidelines Chapter 9, Pages 207-209 state, "For most patients with shoulder problems, special studies are not needed unless a 4 week to 6 week period of conservative care in observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out."

In the case of this employee, there is documentation of chronic left shoulder pain and the date of injury was 2/21/13. There is now approximately 3 months of shoulder pain, which would be the in the guidelines for obtaining imaging. Multiple progress notes demonstrate physical exam findings of left shoulder impingement, positive drop arm test, and positive apprehension sign. X-rays of the shoulder had been unrevealing, showing only degenerative changes of the acromioclavicular joint.

The employee has attended physical therapy with an initial evaluation on 3/29/2013. Physical therapy notes dated 4/7/2013 show that the patient is making improvements. Nonetheless, the pain continues as documented by the most recent progress notes and an orthopedic consultation was requested. The most recent note by the primary treating physician is dated 4/29/2013 and the patient is currently following up with orthopedics. Given the chronicity of the symptoms and the failure of conservative management including physical therapy and pain medications (Tramadol), the MTUS/ACOEM Guidelines Chapter 9, Pages 207-209 support the requested service. The requested MRI of left shoulder is 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.