

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 Cortisone Injection for the Right Shoulder requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/25/2013 disputing the Utilization Review Denial dated 3/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/26/2013. 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 Cortisone Injection for the Right Shoulder requested **is not 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 13, 2013.

“As per the medical report dated 02/27/13, the patient complained of continued pain at the anterolateral and posterior aspects of the right shoulder. On examination the, the right shoulder revealed maximum tenderness on acromioclavicular joint, anterior bursa and lateral bursa. Range of motion of the right shoulder was 70 degrees on external, 40 degrees on internal rotation, 20 degrees on extension and adduction and 80 degrees on abduction. Diagnoses were pain in shoulder, impingement syndrome, rotator cuff syndrome, and adhesive capsulitis. This is the request for the medical necessity of Cortisone injection for the right shoulder.

“The patient has been through PT, oral steroids, and NSAIDS without improvement. The clinical note indicates the plan for the injection; however, the patient according to the records is refusing the procedure. There has been no additional follow-up to suggest a change by the patient.”

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 5/25/2013
- Utilization Review provided by [REDACTED] dated 3/13/2013
- Medical Records provided by [REDACTED] from 2/27/2013 through 4/12/2013
- Medical Records provided by [REDACTED] from 1/16/2013 through 1/31/2013

- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, Shoulder Complaints, page 204
- Official Disability Guidelines, Shoulder Section, Steroid Injections

1) Regarding the request for Cortisone Injection for the Right 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) – Shoulder Complaints, (page 204) and Official Disability Guidelines (ODG) (2009) – Shoulder Section (Steroid Injections Subsection), 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 sections of the MTUS used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee complained of continued pain at the anterolateral and posterior aspects of the right shoulder. The request for the Cortisone injection was denied by the Claims Administrator due to a lack of documentation showing the employee agreeing to the injection. After a review of the submitted documentation, there is no documentation of informed consent on behalf of the employee.

A progress note dated 4/12/13 indicates that the employee was not interested in a steroid injection. Specifically, the notes states “at her last visit 6 weeks ago, we recommended a onetime steroid injection but she declined to proceed at that time.” There is no specific documentation that the patient is interested in the steroid injection and the treatment plan does not describe that the plan is to proceed with steroid injection. Without documentation that the patient is interested in the injection and understands the risks and benefit of this procedure, the Cortisone injection for the right shoulder 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

/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.