

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	10/4/2012
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010863

- 1) MAXIMUS Federal Services, Inc. has determined the request for **shoulder exercise kit is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **shoulder exercise kit** is not **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, has a subspecialty in Shoulder and Elbow 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.

Expert Reviewer Case Summary:

The patient is a 47-year-old male who reported an injury on 10/04/2012. The mechanism of injury was a fall of approximately 5 feet. The patient was diagnosed with left shoulder full thickness rotator cuff tear with impeding adhesive capsulitis and left shoulder AC joint osteoarthropathy with chronic impingement syndrome. MRI revealed there was marrow edema, rotator cuff tears with unfavorable acromioclavicular joint and acromial morphology, and a small superior labral tear. The patient underwent a course of physical therapy. The patient's restricted range of motion, pain, and instability were not resolved with physical therapy and medication. On 02/18/2013, the patient underwent left shoulder arthroscopic subacromial decompression, arthroscopic debridement of the partial thickness rotator cuff tear, synovectomy, bursectomy, and partial distal claviclectomy. The patient participated in a postsurgical round of physical therapy to include 24 visits. The patient was evaluated 7 months status post surgical intervention. Physical findings included full range of motion of the left shoulder and moderate weakness throughout all planes of motion on resistance testing. It was noted that the patient had reached maximum medical improvement with a 17% whole person impairment rating.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a shoulder exercise kit:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based guidelines for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment, Online Edition, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines define durable medical equipment (DME) as equipment that is generally not useful to a person in the absence of illness or injury, is primarily and customarily used to serve a medical purpose, is appropriate for use in a patient's home, and can withstand repeated use (i.e. could normally be rented). The clinical documentation submitted for review does provide evidence that several months of postsurgical conservative therapy has failed to completely resolve the employee's pain and weakness of the left shoulder. The employee should be well versed in a home exercise program. The clinical documentation submitted for review does not provide evidence of how the requested exercise equipment will contribute to the employee's treatment plan and it is unclear how this equipment would only be useful to the employee as a result of this injury. **The request for a shoulder exercise kit 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

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.