

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	5/1/2006
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0011215

- 1) **MAXIMUS Federal Services, Inc. has determined the request for a MRI of the left shoulder with and without contrast is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 7/19/2013. 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 a MRI of the left shoulder with and without contrast 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 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 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:**

Patient has a long standing history of bilateral shoulder pain. There is a prior history of left shoulder surgery but the provided records show discordance regarding date of procedure. There is one note describing the surgery 10/27/06 and then a reference of 3/22/12 by the requesting physician Dr. [REDACTED]. There is no detailed report describing the need for a followup MRI of the left shoulder in the note from Dr. [REDACTED] on 6/12/13 other than pain at the end of flexion. Furthermore, there is a request of MRI of the left shoulder without and with contrast. Even if MRI of the left shoulder is indicated based upon clarification for the overall need of MRI of the left shoulder there is no indication of performing an unenhanced scan prior to a post contrast exam. Furthermore, contrast enhanced MRI of the shoulder refers to intra-articular injection of contrast rather than IV enhancement. The reason for this type of enhancement is the need to assess the labrum and the rotator cuff. The delivery of contrast in this way optimizes the visualization of the internal joint cavity.

### **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 MRI of the left shoulder with and without contrast:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Shoulder Complaints, Chapter 9, pgs. 207-209, which is part of the MTUS.

Rationale for the Decision:

There is no thorough physical exam of the left shoulder or notes to justify MRI of the left shoulder. In addition the provided records are confusing as to the date of prior left shoulder surgery. The request to perform MRI of the left shoulder prior to contrast delivery and then post injection imaging is not standard of practice for delivery of contrast into the joint cavity of the shoulder. **The request for a MRI of the left shoulder with and without contrast 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ldh

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