
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 2/9/2013
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0013985

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine is licensed to practice in California and New York. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 35 year old male maintenance worker who fell off a second story roof 2/9/13 and sustaining bilateral 1st rib fractures and a left clavicular fracture. He also had a seizure and right lung laceration at the time of the accident. Upon examination in the emergency room, he had no evidence of neurovascular compromise. The CT scan showed no cranial hemorrhage. He has history of hypertension and increased lipids. He is a nonsmoker and non abuser of ETOH. The patient received narcotics, non-steroidal anti-inflammatory drugs, steroid injection and physical therapy. Notes indicate during a physician visit on 3/18/13, it was reported that a recent Magnetic Resonance Imaging revealed a SM partial thickness left rotator cuff tear. An operation was recommended. On 8/2/13, a request for a medical clearance was denied. On 8/14/13, an independent medical review was requested.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. 1 medical clearance is not medically necessary and appropriate.

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

The Physician 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 Physician Reviewer based his/her decision on Cecil Medicine 24th Edition, Chapter 439, pg/ 2480, which is not part of the MTUS.

The Physician Reviewer's decision rationale: According to the Cecil and Annals article, a medical clearance for this shoulder operation need only be performed by the surgeon. An independent medical evaluation is not required because the employee is low to intermediate risk, and such clearance is only required for high risk patients. The employee is not high risk, because

they have no history of cardiac disease, CVA, diabetes mellitus, renal insufficiency, chronic obstructive pulmonary disease, or tobacco use. **The request for 1 medical clearance 7/9/2013 and 9/29/2013 is not medically necessary and appropriate.**

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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.

[REDACTED]

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