

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: Select Date

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 5/11/2012
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0014014

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: OVERTURN. This means we decided that all 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

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

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 26 year old female with a date of injury of CT: 5/11/11-5/11/12. The patient's diagnoses include: cervical strain, rule out herniated cervical disk with radiculitis; right shoulder strain; right wrist strain. The progress report dated 1/10/13 by Dr. [REDACTED] noted that the patient complained of right shoulder pain. The past medical treatment included physical therapy and 2 cortisone injections that did not provide relief. An MRI of the right shoulder on 9/6/12 was normal and x-ray of the right shoulder on 1/10/13 was normal. Exam findings of the right shoulder noted tenderness near the insertion of the rhomboids and some areas of the scapula. No tenderness was noted over the rotator cuff or biceps tendon. Range of motion was normal. The progress report dated 6/14/13 by Dr. [REDACTED] noted that the patient complained of neck pain, bilateral wrist and hand pain, and left arm pain. Exam findings included bilateral positive Phalen's test, Finkelstein's test and bilateral tenderness to medial and lateral epicondyles. There was no documented exam of the shoulder joints. An MRI of the right shoulder with arthrogram was requested to rule out labral tear or full thickness tear. MR Arthrogram of the right shoulder on 6/26/13 read by Dr. [REDACTED] was unremarkable.

IMR DECISION(S) AND RATIONALE(S)

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

1. MRI with Arthrogram, Right Shoulder is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines Shoulder Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages 207-208, which is part of the MTUS, and the Official Disability Guidelines Shoulder Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines state that the primary criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The Official Disability Guidelines state, "Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears." The medical records provided for review appear to indicate that the employee continued to have significant upper extremity symptoms, despite several attempts of conservative therapy. The requested MRI with arthrogram of the right shoulder appears to be supported by the above guidelines. **The request for MRI with Arthrogram, Right Shoulder is medically necessary and appropriate.**

/MCC

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]

CM13-0014014