MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/12/2013**

Employee:	
Claim Number:	
Date of UR Decision:	8/14/2013
Date of Injury:	7/1/2010
IMR Application Received:	9/23/2013
MAXIMUS Case Number:	CM13-0018056

1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient left shoulder scope rotator cuff repair subacromial decompression distal claviculectomy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/23/2013 disputing the Utilization Review Denial dated 8/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **outpatient left shoulder scope rotator cuff repair subacromial decompression distal claviculectomy** 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, and is licensed to practice in Connecticut, North Carolina, Pennsylvania. 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:
This is a 46-year-old female injured in a work-related accident on 7/1/10 sustaining injury to the left shoulder. Recent clinical records for review indicated that a request for a left shoulder surgical arthroscopy, rotator cuff repair, subacromial decompression, and distal clavicle excision was denied by utilization review on 8/14/13 citing lack of imaging findings to support need for the procedure. The clinical records for review do indicate an MRI of the left shoulder dated 4/25/11 showing superior labral tearing, a perforation to the posterior margin of the supraspinatus tendon, and moderate osteoarthritic change of the acromioclavicular joint with associated bursitis. A recent clinical progress report dated 7/26/13 indicated physical examination showed tenderness over the bicipital groove with slightly diminished range of motion, positive Hawkins and Neer testing, positive Speed's testing, and a positive Yergason's Test. The treating physician documented that the claimant had been treated with both subacromial and glenohumeral joint injections, therapy, and activity modification but continued to be symptomatic. Appeal for surgery in this case for the left shoulder in the form of rotator cuff repair, decompression, and distal clavicle resection was recommended. Further clinical records were not available post-July 2013.

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 outpatient left shoulder scope rotator cuff repair subacromial decompression distal claviculectomy:**

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

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg 209, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg 210 which is part of the MTUS.

Rationale for the Decision:

Based on current guidelines, the surgical procedure as requested would not be indicated. The employee does not demonstrate weakness on examination or symptoms consistent with acromioclavicular joint arthrosis to necessitate the role of surgery in the form of rotator cuff repair and distal clavicle excision. While the employee continues to be symptomatic, the inability to correlate the employee's imaging findings with examination findings would fail to necessitate the surgical process at this time. **The request for outpatient left shoulder scope rotator cuff repair subacromial decompression distal claviculectomy 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

/srb

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.