

**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: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	2/15/2013
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019760

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right shoulder rotator cuff repair is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 7/8/2013. 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 **right shoulder rotator cuff repair is 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 53-year-old gentleman who sustained an injury to the right shoulder on 2/15/13. The clinical records available for review included a prior MRI scan of the right shoulder, dated 3/28/13, showing a longitudinal tear involving the distal supraspinatus tendon with subacromial and subdeltoid bursitis, with the other components of the rotator cuff noted to be intact. A recent clinical progress report dated 6/11/13 stated that the claimant had significant discomfort to the shoulder. He was unable to tolerate his pain despite conservative care. Objective findings revealed right shoulder tenderness anteriorly with moderate scapular and rhomboid tenderness. Neurovascular examination was noted to be intact. The treatment at that date included continuation of medication management, work restrictions, and a previous report of physical therapy was noted. There is a request for a right shoulder rotator cuff repair procedure at present for further definitive care in this case. Further records do not indicate other forms of treatment, physical examination findings, or documentation of complaints at present.

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - X Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for right shoulder rotator cuff repair:**

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 criteria for its decision.

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

Rationale for the Decision:

Based on the MTUS/ACOEM guidelines, shoulder rotator cuff repair procedure would be warranted. In this case, the employee continues to be symptomatic with subjective complaints of pain and positive physical exam findings as of June 2013. There is evidence of a previous MRI scan of the right shoulder demonstrating full thickness rotator cuff pathology. The employee's imaging findings coupled with continued complaints would necessitate the **right shoulder rotator cuff repair**. **The request for right shoulder rotator cuff repair is 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

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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.