
Notice of Independent Medical Review Determination

Dated: 8/29/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

11/1/2013

7/17/2013

CM13-0001710

- 1) MAXIMUS Federal Services, Inc. has determined the request for outpatient right shoulder arthroscopic capsular release, possible long head biceps tenodesis **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times per week over six weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 outpatient right shoulder arthroscopic capsular release, possible long head biceps tenodesis **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy two times per week over six weeks **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013

"It is the opinion of the reviewing physician that, "This claimant was injured II-I-11 in California. There is shoulder pain. Prior treatment has been physical therapy, a 4-4-12 right shoulder arthroscopy with assistant surgeon, CBC, Chem 7 and EKG, Orthovisc into the shoulder, and several orthopedic specialist referrals. X-rays show a type I acromion and AC joint degeneration. Back in January 2012 an MRI of the right shoulder showed a small tear. This is a request for outpatient right shoulder arthroscopic capsular release, possible long head biceps tenodesis followed by physical therapy two (2) times per week over six (6) weeks. These service requests are based on a new patient consult with Dr. [REDACTED]. There is ongoing pain in the right shoulder; There is restricted active and passive range of motion. The MRI also showed preexisting calcific tendinitis. I did not find Imaging documentation of shoulder biceps issues."

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 for Independent Medical Review dated 7/17/2013
- Utilization Review Determination provided by [REDACTED] dated 7/09/2013

- Medical records from 5/17/2012 through 6/24/2013

1) Regarding the request for outpatient right shoulder arthroscopic capsular release, possible long head biceps tenodesis:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2nd Edition, Shoulder Complaints, Surgical Considerations, pages 209-210, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the right shoulder on 11/01/2011. The submitted and reviewed medical records indicate treatment has included x-rays, right shoulder arthroscopy, Orthovisc into the shoulder, MRI, physical therapy, and medications. The most recent medical record reviewed, dated 6/24/2013, indicate the employee continued to have right shoulder pain, stiffness, and weakness. A request was submitted for outpatient right shoulder arthroscopic capsular release, possible long head biceps tenodesis, and physical therapy two times per week over six weeks.

The MTUS guidelines support surgical intervention when there are red-flag conditions, activity limitation for more than four months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The submitted records indicate that the employee has had three prior shoulder surgeries, some limitations in function, and significant arthritic changes and does not appear to meet the guideline support for the requested surgery. The request for outpatient right shoulder arthroscopic capsular release, possible long head biceps tenodesis is not medically necessary and appropriate.

2) Regarding the request for physical therapy two times per week over six weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Post Surgical Treatment Guidelines, 2009, Shoulder Section, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the right shoulder on 11/01/2011. The submitted and reviewed medical records indicate treatment has included x-rays, right shoulder arthroscopy, Orthovisc into the shoulder, MRI, physical therapy, and medications. The most recent medical record reviewed, dated 6/24/2013, indicate the employee continued to have right shoulder pain, stiffness, and weakness. A request was submitted for outpatient right shoulder arthroscopic capsular release, possible long head biceps tenodesis, and physical therapy two times per week over six weeks.

The MTUS Post Surgical guidelines do recommend physical therapy post surgery. The surgical intervention requested has been determined to be not medically necessary and the physical therapy therefore would not be supported. The request for physical therapy two times per week over six weeks 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.