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**Notice of Independent Medical Review Determination**

Dated: 9/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2013

6/6/2004

7/16/2013

CM13-0001730

- 1) MAXIMUS Federal Services, Inc. has determined the request for a repeat acromioplasty of the right shoulder **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 a repeat acromioplasty of the right shoulder **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 11, 2013

“This 35 year old claimant sustained a work related injury to her right shoulder on 6/6/04. Acromioplasty and repair of right shoulder was performed on 6/23/10.

“Diagnostic testing has included an X-ray of right shoulder on 4/19/12, which states there is no diastasis of the acromioclavicular joint, and no bone abnormality is identified. No abnormalities are identified. A CT arthrogram right shoulder on 4/19/12 revealed no evidence of occult rotator cuff tear or glenoid labral pathology.

“No documentation of conservative treatment is submitted.

“No physician notes are submitted. Per the peer review report, a 2/21/13 office visit notes continued complaints of pain in right shoulder. Exam shows decreased range of motion. CT reveals no rotator cuff tear. The plan is to continued work with restrictions. Per the peer review report, a 6/21/13 office visit notes complaints of continued persistent pain in right shoulder. No exam findings are noted. The diagnosis is right shoulder impingement syndrome. The plan is repeat acromioplasty and continued work with restrictions.

“Peer review on 7/11/13 by Dr. [REDACTED] (Orthopedic Surgery) recommends non-certification, as there is no documentation of recent abnormal exam findings and significant activity limitations, or a recent trial/failure of conservative treatment.

“As per the referral, this female has a date of injury of 06/06/04.

“Operative note dated 6/23/10 notes the patient underwent acromioplasty and repair of the right shoulder.

“CT arthrogram report of the right shoulder dated 4/16/12 reveals no evidence of occult rotator cuff tear or glenoid labral pathology.

“Office visit dated 11/29/12 notes the patient with continued complaints of pain in the right shoulder. The patient is status-post subacromial decompression in 06/10. The plan is for surgical intervention of the right shoulder.

“Office visit dated 02/21/13 notes the patient with continued complaints of pain in the right shoulder. Exam shows decreased range of motion. CT reveals no rotator cuff tear. The plan is for continued work with restrictions.

“Office visit dated 06/21/13 notes the patient with complaints of continued persistent pain in the right shoulder. The diagnosis is right shoulder impingement syndrome. The plan is for a repeat acromioplasty and continued work restrictions.”

#### **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 (received 7/16/13)
- Utilization Review Determination (dated 7/11/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Shoulder Complaints Chapter, pg. 211, section “Impingement Syndrome
- Consultation Report, X-ray Report and CT Arthrogram of the Right Shoulder- Operative Report from [REDACTED] (dated 4/19/12)
- PR-2 Report from [REDACTED], MD (dated )1/12/12-3/8/12)

#### **1) Regarding the request for a repeat acromioplasty of the right shoulder:**

##### 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), 2<sup>nd</sup> Edition, (2004), Shoulder Complaints, Impingement Syndrome, pg. 211, 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 guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

##### Rationale for the Decision:

On 6/6/2004 the employee sustained an injury to the right shoulder. The submitted medical records indicate treatment included an X-ray, CT arthrogram and an acromioplasty. An office visit dated 2/21/13 documents that the employee

continues to have pain in the right shoulder. A request was submitted for a repeat acromioplasty of the right shoulder.

ACOEM Guidelines state, “surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery”. The employee underwent a previous acromioplasty with repair in 2010; however, there is no documentation following the procedure to suggest the employee had any conservative care including, injection, therapy, medication or exercise. In addition, the records reviewed do not document any positive physical findings to indicate the need for surgical intervention. The request for a repeat acromioplasty of the right shoulder **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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/db

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.