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**Notice of Independent Medical Review Determination**

Dated: 9/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/1/2013  
Date of Injury: 3/5/2013  
IMR Application Received: 7/12/2013  
MAXIMUS Case Number: CM13-0001806

- 1) MAXIMUS Federal Services, Inc. has determined the request for consultation with an orthopedic surgeon for the left shoulder **is 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 7/1/2013. 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 consultation with an orthopedic surgeon for the left shoulder **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 Occupational Medicine 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 1, 2013:

“Doctor's first report of occupational injury or illness dated 05/07/13 indicates that the claimant complains of left shoulder pain. on examination, there is tenderness in the supraspinatus tendon, glenohumeral joint and periscapular region, limited range of motion in flexion to 50 degrees, abduction to 35 degrees, extension to 10 degrees and adduction to 15 degrees, positive impingement test and 4/5 muscle strength. The provider recommends physical therapy, EMG/NCV of bilateral upper extremities, functional capacity evaluation, orthopedic consult for cervical spine and left shoulder and referral for MD for medication. The claimant remains off work. PR-2 dated 06/18/13 indicates that the claimant complains of constant moderate dull, aching, and sharp pain in the neck with stiffness and weakness. The claimant also complains of intermittent dull, aching, and sharp pain in the left shoulder with stiffness and weakness associated with pushing, pulling repetitively, and overhead reaching. Cervical spine examination shows decreased and painful range of motion, 3+ tenderness in the cervical paravertebral muscles, muscles spasms and positive cervical compression test. Left shoulder examination shows decreased and painful range of motion, 3+ tenderness in the lateral shoulder, posterior shoulder and trapezius and positive supraspinatus press test. The provider recommends chiropractic treatment, physical therapy, and orthopedic consult for left shoulder and cervical spine and referral for MD for medication and pain management. The claimant remains off work. Review of claim notes that the claimant was approved for 6 sessions of physical therapy for the cervical spine and left shoulder on 05/15/13.”

### **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 7/17/13)
- Utilization Review Determination from [REDACTED] (dated 7/1/13)
- Employee medical records from [REDACTED] (dated 5/7/13-7/23/13)
- Employee medical records from [REDACTED] (dated 3/18/13-4/19/13)
- Employee medical records from [REDACTED] (dated 5/1/13)
- Employee medical records from [REDACTED] (dated 4/11/13)
- Employee medical records from [REDACTED] (dated 3/28/13-4/5/13)
- Employee medical records from [REDACTED] (dated 4/8/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 1, Introduction, pg. 1-10
- Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9)

#### **1) Regarding the request for consultation with an orthopedic surgeon for the left shoulder:**

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

The Claims Administrator based its decision on American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, pg. 127, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 1 which is part of the Medical Treatment Utilization Schedule (MTUS), as relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The employee sustained a work-related injury on March 5, 2013 to the neck and left shoulder. The medical records provided for review indicate a diagnosis of left shoulder impingement syndrome and left shoulder sprain and strain. Treatments have included analgesic medications, care with various providers in various specialties, and unspecified amounts of physical therapy. The request is for a consultation with an orthopedic surgeon for the left shoulder.

MTUS Chronic Pain guidelines indicate failure of conservative management does often make the case for a specialist evaluation for diagnostic clarification purposes. The medical records reviewed do not clearly state why conservative measures have failed. The unexplained delayed recovery would meet guideline criteria for a specialist evaluation. The request for a consultation with an

orthopedic surgeon for the left shoulder **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;

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

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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.