

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/23/2013  
Date of Injury: 11/12/2010  
IMR Application Received: 7/26/2013  
MAXIMUS Case Number: CM13-0003785

- 1) MAXIMUS Federal Services, Inc. has determined the request for right shoulder arthroscopy, subacromial decompression **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right shoulder distal clavicle excision **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for right shoulder possible arthroscopic rotator cuff repair versus open rotator cuff repair **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one (1) pre op EKG **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for one (1) pre op basic metabolic panel **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for one (1) post op sling **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for post op physical therapy for the right shoulder **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 arthroscopy, subacromial decompression **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for right shoulder distal clavicle excision **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for right shoulder possible arthroscopic rotator cuff repair versus open rotator cuff repair **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one (1) pre op EKG **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for one (1) pre op basic metabolic panel **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for one (1) post op sling **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for post op physical therapy for 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 Orthopaedic 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 23, 2013:

**CLINICAL SUMMARY:** [REDACTED] is a 58 year old female Checker who on 11/12/2010 lifted a paperback book about the size of a magazine to straighten out the books with pinching and lifting movements, had sudden right hand, wrist and forearm pain without numbness and tingling. The carrier has accepted the low back, right shoulder and neck. She's retired.

## **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, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for right shoulder arthroscopy, subacromial decompression:**

#### 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), pages 209-210, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guideline used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 11/12/2010 and has experienced pain in the shoulder and back, and carpal tunnel syndrome. The employee was diagnosed with right shoulder supraspinatus tendinopathy with partial thickness tear and AC joint arthroplasty. Treatment has included splinting and imaging. A request was submitted for right shoulder arthroscopy, subacromial decompression.

The ACOEM Guidelines indicate this procedure may be considered reasonable and necessary if there is activity limitation for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair. Medical records submitted and reviewed indicate that an MRI has been performed which reveals lateral downsloping of the acromial contributing narrowing of the supraspinatus outlet with only mild inflammation in the adjacent subacromial/subdeltoid bursa. No frank rotator cuff tear was being identified on that MRI report. The records do not indicate there has been significant conservative care for this employee to warrant this level of surgical intervention. The ACOEM guideline criteria have not been met. The request for right shoulder arthroscopy, subacromial decompression is **not medically necessary and appropriate.**

### **2) Regarding the request for right shoulder distal clavicle excision:**

#### 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 Official Disability Guidelines (ODG) (2009), Shoulder Chapter, Partial Claviclectomy section, which is a

medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address the issue at dispute. The Expert Reviewer found the guideline used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 11/12/2010 and has experienced pain in the shoulder and back, and carpal tunnel syndrome. The employee was diagnosed with right shoulder supraspinatus tendinopathy with partial thickness tear and AC joint arthroplasty. Treatment has included splinting and imaging. A request was submitted for right shoulder distal clavicle excision.

The ODG states there should be documentation of subjective clinical findings such as pain at the AC joint, aggravation of pain with shoulder motion or carrying weight, or a previous grade I or grade II ac separation. There should be documentation of conservative care of at least 6 weeks conducted towards symptom relief prior to surgery. There should be imaging clinical findings that support this. Medical records submitted and reviewed do not indicate the employee has had significant current conservative care. The ODG criteria have not been met. The request for right shoulder distal clavicle excision **is not medically necessary and appropriate.**

**3) Regarding the request for right shoulder possible arthroscopic rotator cuff repair versus open rotator cuff repair:**

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 Official Disability Guidelines (ODG) (2009), Shoulder Chapter, Partial Claviclectomy section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), Shoulder Chapter, pages 210-211, which are part of the MTUS.

Rationale for the Decision:

The employee was injured on 11/12/2010 and has experienced pain in the shoulder and back, and carpal tunnel syndrome. The employee was diagnosed with right shoulder supraspinatus tendinopathy with partial thickness tear and AC joint arthroplasty. Treatment has included splinting and imaging. A request was submitted for right shoulder possible arthroscopic rotator cuff repair versus open rotator cuff repair.

The ACOEM Guidelines indicate there should be a lesion of the rotator cuff on imaging studies and there should be documentation of conservative care. Medical records submitted and reviewed do not include documentation of significant conservative care to address the shoulder discomfort, and the MRI fails to reveal a significant rotator cuff tear. The ACOEM guideline criteria have

not been. The request for right shoulder possible arthroscopic rotator cuff repair versus open rotator cuff repair **is not medically necessary and appropriate.**

**4) Regarding the request for one (1) pre op EKG:**

Since the surgical procedures are not medically necessary, none of the associated services are medically necessary and appropriate.

**5) Regarding the request for one (1) pre op basic metabolic panel:**

Since the surgical procedures are not medically necessary, none of the associated services are medically necessary and appropriate.

**6) Regarding the request for one (1) post op sling:**

Since the surgical procedures are not medically necessary, none of the associated services are medically necessary and appropriate.

**7) Regarding the request for post op physical therapy for the right shoulder:**

Since the surgical procedures are not medically necessary, none of the associated services are 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.