

**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: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	3/23/2012
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005682

- 1) MAXIMUS Federal Services, Inc. has determined the request for **peer to peer conference: pain management specialist Dr. [REDACTED], left shoulder is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 **peer to peer conference: pain management specialist Dr. [REDACTED], left 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 Physical Medicine and Rehabilitation 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.

### **Expert Reviewer Case Summary:**

The patient is a 24-year-old male who reported an injury on 05/23/2012 when a heavy rebar fell onto the patient's left shoulder. A clinical note dated 05/29/2013 signed by Dr. [REDACTED] indicated the patient was seen for a followup of his left shoulder superior labral tear, repair labral cyst, and left shoulder supraspinatus and infraspinatus muscle wasting. He reported his symptoms were slightly worsened. He reported 60% relief with cortisone injections that only helped for a couple of days and then returned. On physical exam of the left shoulder, the patient is noted to have findings of significant supraspinatus and infraspinatus wasting and obvious winging with shoulder abduction and forward flexion. There was tenderness at the posterior acromion. Range of motion was noted to be normal. Strength was noted to be 4/5 in the infraspinatus. The patient is noted to have a positive jerk test with pain, positive Speed's and O'Brien's test, a positive load and shift test for pain located in the posterior aspect of the joint and glenohumeral testing demonstrated positive pain at that level. Electrodiagnostic studies reported to have been performed on 02/18/2013 reported a significant injury to the supraspinatus primarily innervation of the infraspinatus. MRIs of the left shoulder performed on 12/17/2012 reported evidence of neurogenic edema within the supraspinatus and infraspinatus muscle bellies. The subscapularis and teres minor appeared normal. There was a supraspinatus glenoid cyst which was actually smaller in appearance compared to his prior MRI. There was no evidence of cystic lesion or masses at the level of the suprascapular notch. The patient was planned for a left shoulder arthroscopy, debridement, biceps tenotomy versus tenodesis, and a labral repair versus debridement and repair of damaged structures as indicated. Dr. [REDACTED] noted the patient's primary physician would like a referral to a pain management doctor for improved management of his medication. The patient is noted to have undergone a surgery on 08/12/2013 which consisted of a diagnostic left shoulder arthroscopy with anterior inferior Bankart repair and posterior superior labral repair.

On 08/19/2013, the patient was seen for postoperative followup and noted his symptoms were improved and his pain was tolerable and he felt he was making progress daily.

**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:

[REDACTED]

**1) Regarding the request for peer to peer conference: pain management specialist Dr. [REDACTED] left shoulder :**

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 CA MTUS 2009: ACOEM Occupational Medicine Guidelines, 2<sup>nd</sup> Edition, 2004, pg. 127, which is part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational (ACOEM) and Environmental Medicine, Chapter 7, page 127, Online Edition, which is not part of MTUS.

Rationale for the Decision:

ACOEM states that the occupational practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, or when a plan or course of care may benefit from additional expertise. The employee was noted to have been planned for a left shoulder surgery and it would be deemed that the employee's pain and disability would improve following the surgery. No peer-to-peer is noted to have been performed. **The request for peer to peer: pain management specialist Dr. [REDACTED] left 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,

Paul Manchester, MD, MPH  
Medical Director

cc:



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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.