

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/19/2013
Date of Injury: 8/5/2011
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006441

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary diseases 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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, Provider
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old injured in a work-related accident on 08/05/2011. She was struck on the left shoulder by a door that was opening resulting in acute onset of left upper extremity and neck complaints. Recent review of records in this case indicate a utilization review was performed that authorized surgical intervention to the left shoulder in the form of arthroscopy, subacromial decompression, and distal clavicle resection, modified a request to not include a preoperative medical assessment, and did not support the need for "DME" as the specific DME was not provided for review. This review occurred on 07/12/2013. The Primary Treating Physician's Supplemental Report was provided from 09/19/2013 from [REDACTED], MD to appeal the above decision. He cited the need for preoperative medical clearance was standard protocol prior to operative intervention to appropriately screen for comorbidities or medical problems that would arrive in the perioperative course of care. He also added incite to the DME question. He stated the DME in question was an OrthoStim unit which would be utilized in the immediate postoperative course following the shoulder arthroscopy that would be performed.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Durable medical equipment (DME) is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder chapter.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines do not recommend the use of electrical stimulation for shoulder complaints. The medical records provided for review indicate that the DME device in this case is an OrthoStim unit for use following shoulder arthroscopy, and would not be supported. The use of an OrthoStim device in the immediate postoperative setting following the employee's shoulder arthroscopic procedure would not be indicated. **The request for DME is not medically necessary and appropriate.**

2. Pre-operative medical clearance is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery (<http://circ.ahajournals.org>), which is not part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG).

The Physician Reviewer's decision rationale:

The Official Disability Guidelines recommend pre-op clearance for patients with co-morbidities and/or those at high risk. The medical records provided for review indicate that medical clearance procedures with anesthetic surgical procedures is standard of care in the treating physician's practice and hospital setting. In addition, given the employee's age, pre-operative clearance would be supported. The role of medical clearance in this case would appear necessary as surgery is to be performed. **The request is for pre-operative medical clearance is medically necessary and appropriate.**

/sm

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.

[REDACTED]