

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

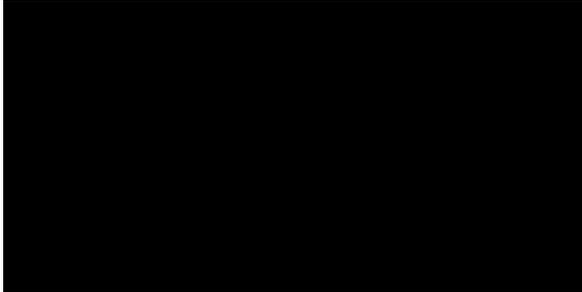
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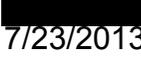


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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013



Employee:	
Claim Number:	
Date of UR Decision:	7/23/2013
Date of Injury:	7/25/2005
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007811

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one MRI arthrogram 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 8/6/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 **one MRI arthrogram 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 Physical Medicine & 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:**

This patient's date of injury is 07/25/2005. The patient is a 48-year-old woman with a diagnosis of right shoulder impingement with a partial rotator cuff tear and acromioclavicular joint degeneration as well as a lumbar musculoligamentous strain with bilateral lower extremity radiculitis. The treating physician requested an MRI arthrogram due to the patient's ongoing decreased range of motion and consideration of manipulation under anesthesia.

An initial physician review noted that the patient had shown steady improvement in active range of motion between January 2013 and July 2013 and that the medical records did not provide a basis for an MRI arthrogram.

An operative note of 01/30/2013 describes that the patient was found to have a massive rotator cuff tear and therefore underwent an extensive repair procedure as well as subacromial decompression with distal clavicle resection and extensive debridement.

The treating physician's progress note of 07/18/2013 specifically requests an MRI of the right shoulder "to rule out adhesive capsulitis due to ongoing decreased range of motion and for consideration of manipulation under anesthesia."

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

### **1) Regarding the request for one MRI arthrogram of the right 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 ACOEM Guidelines, Chapter 9 (Shoulder Complaints), (2004), pgs 208-209, 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 Official Disability Guidelines, (ODG), Section on Shoulder/MRI/Arthrogram, which is not part of the MTUS.

#### Rationale for the Decision:

The Official Disability Guidelines, shoulder, states an MRI arthrogram is "recommended as an option to detect labral tears and for suspected re-tear postoperative rotator cuff repair." The issue at hand here is not simply the issue of an MRI of the shoulder but specifically an MRI arthrogram. The treatment guidelines are specific in terms of indications for an MRI arthrogram, and the treating physician's request for an MRI is specific in terms of the clinical rationale. In this case, neither the records nor the treating physician notes present a rationale as to why an arthrogram is specifically indicated for this stated clinical presentation. Therefore, the medical records provided and the clinical history are not consistent with guidelines for the requested MRI arthrogram. **The request for one MRI Arthrogram 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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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.