
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 27, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 1/2/2008
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0009197

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: UPHOLD. This means we decided that none 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 Orthopedic Surgery, and is licensed to practice in Texas. 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

This is a 50-year-old female who reportedly developed right shoulder pain in 09/2010 due to favoring or overuse because of a left shoulder injury which began on 01/02/2008. The patient underwent conservative care to include a cortisone injection as well as physical therapy; however, subsequently underwent an arthroscopic subacromial decompression on 05/07/2012 which allowed her to regain full shoulder range of motion and strength but continued to have discomfort with forward flexion and external rotation. A second right shoulder surgery was performed to include arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty, modified Mumford procedure, and labral repair on 06/26/2013. On the most recent evaluation dated 07/02/2013, the patient was reportedly doing well, taking medications as needed and had expected postoperative limited range of motion. The patient was recommended to attend postoperative physical therapy, continue medications as prescribed and followup on 07/23/2013 at which time fluoroscopy would be performed. Diagnoses include bilateral shoulder impingement status post previous surgeries on the left shoulder on 05/28/2012 and 08/29/2012 as well as right shoulder surgery on 03/12/2012 and 06/26/2013.

IMR DECISION(S) AND RATIONALE(S)

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

1. Right shoulder Fluoroscopy is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages 207-209, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM states for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The patient is status post recent right shoulder surgery performed on 06/26/2013 to include synovectomy, bursectomy, coracoacromial ligament release, Neer-type acromioplasty, modified Mumford procedure, and labral repair. According to the most recent followup note dated 07/02/2013, the patient had not started postoperative physical therapy and was taking medications as needed. A followup visit was scheduled for 07/23/2013 at which time fluoroscopy would be done. Based on the clinical information submitted for review, the patient has not undergone a 4 to 6 week period of conservative care following her surgery on 06/26/2013 to indicate failure to improve symptoms. Also, the requesting physician did not provide a rationale for performing the fluoroscopy at the followup visit on 07/23/2013. **The request for right shoulder fluoroscopy is not medically necessary and appropriate.**

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.

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