

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	5/10/2012
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009737

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right shoulder arthroscopy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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** 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 Orthopedic Surgery, has a subspecialty in Orthopedic 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.

Expert Reviewer Case Summary:

This is a 36 year old female who sustained a right shoulder injury on 5/10/12 when she was moving boxes around at work "but not sure if work related because pain came later". The claimant's diagnosis was documented as right shoulder impingement; musculoligamentous strain, cervical spine. The claimant's conservative care was documented as Ibuprofen; Hydrocodone; 8 physical therapy sessions documented, last one dated 9/24/2012; modified work duty; HEP, Naprosyn. A Celestone Soluspan injection was provided on 5/13/2013 to the right shoulder. The 10/18/2012 MRI of the right shoulder without contrast report findings were mild tendinopathy; no rotator cuff tear; mild synovial hypertrophy of acromioclavicular joint superiorly. The report impression was mild right supraspinatus tendinopathy and mild synovial hypertrophy of the acromioclavicular joint.

The office visit note on 5/13/2013 with [REDACTED] stated that the claimant reported intermittent achy pain in her neck from right shoulder that increases with right shoulder pain. She reported constant achy pain in her right shoulder radiating to side of neck, through her upper arm and stops about 2-3 inches above her right elbow. She described a burning sensation accompanied with numbness that comes and goes, with popping of right shoulder. Her pain increases with repetitive movements, typing, gripping, grasping, carrying, holding, pushing, pulling, lifting, and reaching above shoulder level. She reported sleep disturbances and states that the pain interferes with her activities of daily living. She complains of depression, anxiety due to ongoing pain. The cervical spine exam revealed mild muscle guarding was present. Her range of motion of her cervical spine T1 flexion 28 degrees; T1 extension 25 degrees; right lateral bend T1 29 degrees; left lateral bend T1 30 degrees; right occipital rotation 68 degrees; left occipital rotation 71 degrees. She had increasing pain towards terminal range of motion and tenderness to palpation of paraspinal musculature. The shoulder exam revealed atrophy on the right; right shoulder abduction 155 degrees; forward flexion 159 degrees; extension 42 degrees; internal rotation 68 degrees; external rotation 70 degrees; adduction 30 degrees, with increasing pain towards terminal range of motion. She had painful arc against resisted abduction on the right; myofascial tenderness to palpation on right and her neuro was intact. The cervical spine x rays done today report revealed bone quality normal with no evidence of degenerative disc disease; x rays of the right shoulder reveal bone quality to be normal with no evidence of degenerative

joint disease. The plan was aggressive home based strengthening and stretching exercises; medications; work restrictions.

The 5/13/2013 office note referred to an MR/arthrogram on 4/20/2013 of the right shoulder that was interpreted as showing no evidence of a rotator cuff tear, although some tendinosis of the supraspinatus was shown.

The cervical spine x rays report of 5/13/2013 revealed bone quality normal with no evidence of degenerative disc disease; x rays of the right shoulder revealed bone quality to be normal with no evidence of degenerative joint disease.

The office visit note from [REDACTED] dated 6/12/2013 stated that the claimant reported improvement but the right shoulder injection did not help. She reported constant pain of cervical spine at 8/10, radiating to her right shoulder to hand. The cervical spine exam findings showed tenderness to palpation of paraspinal musculature. The shoulder exam indicated atrophy on the right with increasing pain towards terminal range of motion on the right. She had painful arc against resisted abduction on the right with myofascial tenderness to palpation bilaterally of trapezius and supraspinatus tendon tenderness to palpation on the right. The plan was medications; one time consultation with psychologist and MMI rating and right shoulder arthroscopy, and work restrictions.

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
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right shoulder arthroscopy:

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 Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg 209-211, which is part of MTUS and Official Disability Guidelines (ODG), Surgery for Impingement Syndrome, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg 207-208, 211, which is part of MTUS and Official Disability Guidelines (ODG), Shoulder, which is not part of MTUS.

Rationale for the Decision:

Right shoulder arthroscopy would not be considered medically necessary and appropriate based on the records provided in this case and the California MTUS / California ACOEM Guidelines. California MTUS / California ACOEM Guidelines support surgery for impingement syndrome if patients fail at least 3-6 months of conservative care. Of concern in this case is whether or not symptomatic

impingement syndrome is present. There is documentation that this employee received a corticosteroid injection which did not help. Examination results from records provided dated 5/13/2013 and 6/12/2013 are more concerning for a cervical spine problem versus an intrinsic shoulder impingement problem. At the 6/12/2013 office visit, no impingement findings were documented. **The request for right shoulder arthroscopy 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
1515 Clay Street, 18th 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.