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| Case Number: | CM13-0008788 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/14/2013 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/08/2013 |

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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The patient is a 57-year-old male who reported an injury on 01/14/2013. The patient was reportedly injured when his shoulder became jammed while using a rotary hammer. The patient was diagnosed with right shoulder rotator cuff tear and possible right cervical radiculopathy. The patient was seen by [REDACTED] on 06/28/2013. The patient reported ongoing pain and weakness in the shoulder, as well as neck pain with radiation to the upper extremity. Physical examination revealed 120 degree flexion, 55 degree external rotation, limited internal rotation, and 120 degree abduction. The patient also demonstrated 4/5 strength and positive Neer's and Hawkins', as well as cross body abduction testing. X-rays obtained in the office on that date indicated negative findings. Treatment recommendations included a right shoulder surgical arthroscopy with subacromial decompression and rotator cuff repair. A physical medicine and rehab consultation was also recommended at that time, as well as EMG and NCV studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. As per the documentation submitted, the patient's physical examination does reveal positive Neer's and Hawkins' testing, positive cross body abduction testing, decreased strength, and limited range of motion. However, there is no documentation of a recent failure to respond to conservative treatment. Additionally, there is mention of the need to assess for cervical radiculopathy prior to surgical intervention for the right shoulder. Based on the clinical information received, the request is non-certified.

Post-op stable sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Postoperative abduction pillow sling.

Decision rationale: Official Disability Guidelines indicate that postoperative abdominal pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. According to the documentation submitted, the employee does not currently have a large or massive rotator cuff tear. As the employee's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

Consult with Physical Medicine & Rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation submitted, the employee maintains diagnoses of right shoulder rotator cuff tear and possible right cervical radiculopathy. There is no documentation of an exhaustion of conservative treatment. Therefore, the medical necessity for the requested consultation has not been established. As such, the request is non-certified.

Electromyography (EMG) upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 weeks or 4 weeks. According to the documentation submitted, the employee does maintain a diagnosis of possible right cervical radiculopathy. However, there is no evidence of radiculopathy upon physical examination. There is also no evidence of a recent failure to respond to conservative treatment. Based on the clinical information received, the request is non-certified.

Nerve Conduction Study (NCS) upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 weeks or 4 weeks. According to the documentation submitted, the employee does maintain a diagnosis of possible right cervical radiculopathy. However, there is no evidence of radiculopathy upon physical examination. There is also no evidence of a recent failure to respond to conservative treatment. Based on the clinical information received, the request is non-certified.