

Case Number:	CM13-0020087		
Date Assigned:	10/11/2013	Date of Injury:	12/31/2003
Decision Date:	02/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/04/2013

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 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. 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 records in this case would outline that this is the case of a 52-year-old reporting an occupational injury of December of 2003. The records outline lumbar, left upper extremity, and left knee symptoms. The left knee surgery was performed in March of 2010. A left shoulder MRI of January of 2012 revealed an acromioclavicular degeneration with curved acromion. An MRI of the left knee of January of 2012 revealed degenerative signal with meniscus. The MR arthrogram of the left knee is available from January of 2012 revealing only some degenerative meniscal signal. There was no evidence for current meniscal tear. Multiple clinical notes are attached for review outlining subjective complaints. These appear to have included a fairly wide variety of musculoskeletal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: Based on the medical records provided for review, the included imaging studies reveal very common changes for this individual's age group. It is unclear if the ongoing disabling complaints would relate to the worksite event. It is unclear what recent treatment may have been attempted and the result of such treatment. The lack of clear clinical and imaging evidence in the medical records provided for review would indicate that the request for a left shoulder arthroscopy is not medically necessary and appropriate.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physical therapy 3 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Left knee sleeve: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 339-340.

Decision rationale: There is no specific diagnosis available on most recent imaging or on diagnostic testing to support the use of a left knee sleeve. These devices do not provide stability and no specific indication for true bracing has been identified in the medical records provided for review. Consequently, a left knee sleeve is not medically necessary and appropriate.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The most recent MR data regarding the left knee is quite unremarkable, particularly in light of prior meniscal surgery. There is no specific evidence of a changing condition or worrisome finding to promote repeated imaging at this late date. The request for an MRI of the left knee is not medically necessary and appropriate.

Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Indications for topical medications have not been identified in the medical records provided for review. This type of medication per MTUS Chronic Pain Guidelines is considered as largely experimental in nature, and as such, this would not be considered as medically necessary. The request for a topical cream is not medically necessary and appropriate.