

Case Number:	CM13-0022424		
Date Assigned:	10/16/2013	Date of Injury:	09/30/1987
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon 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 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 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 06/15/1979. The patient was reportedly injured while playing football. The patient is currently diagnosed with lesion of the ulnar nerve, osteoarthritis, and other unspecified disorders of bursae and tendons in the shoulder region. The patient was seen by [REDACTED] on 07/25/2013. The patient reported persistent pain in the right shoulder with activity limitation. X-rays obtained in the office on that date indicated significant spurring. Physical examination was not provided on that date. Treatment recommendations included an MRI of the right shoulder as well as left elbow arthroscopic debridement with loose body removal, chondroplasty, and spur removal. It is noted that the patient underwent an MRI of the left elbow on 07/22/2013, which indicated long segment thickening and increased T2 signal of the ulnar nerve likely due to degenerative changes of the elbow joint as well as severe osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW ARTHROSCOPIC PALLIATIVE DEBRIDEMENT, LOOSE BODY REMOVAL, CHONDROPLASTY AND SPUR REMOVAL, AND DURING THE SAME SITTING [REDACTED] TO PERFORM ULNAR NERVE TRANSPOSITION ON THE LEFT INCLUDING WITH LOOP MAGNIFICATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37, 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. As per the documentation submitted, there was no physical examination provided on the requesting date of 07/25/2013. There is no evidence of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.

MRI RIGHT SHOULDER WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit with regard to the right shoulder. There is also no evidence of an exhaustion of conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.