

Case Number:	CM13-0043816		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2011
Decision Date:	03/06/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 Pennsylvania. 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 56-year-old gentleman who was injured on 05/04/11. The progress report of 09/30/13 by [REDACTED], Physical Medicine and Rehabilitation Specialist, documented that the claimant continued with complaints of right knee pain, low back pain, right hip pain, and right shoulder complaints. Objectively, the shoulder had restricted motion, positive O' Brien's testing, positive drop arm test, positive load and shift testing, and a positive crank test. Specific to the claimant's right knee, there was restricted range of motion, no instability, tenderness to palpation over the iliotibial band, medial joint line and patella, +2 effusion, positive grind test, and a positive bounce test. The claimant was diagnosed with rotator cuff disorder and internal derangement of the knee and referred to orthopedic surgeons for both his right knee and his right shoulder for surgical intervention. Prior records for review in this case indicated that the claimant had previously undergone an arthroscopic subacromial decompression and labral repair on 08/23/11 of the right shoulder and previous imaging of the knee with radiographs showing osteoarthritic changes and an MRI report of 06/14/13 showed severe degenerative changes to the medial compartment, a knee joint effusion, and a possible Baker cyst. Recent imaging of the shoulder was an MRI report of 05/19/12 that revealed supraspinatus tendinosis, prior surgical process, a Hill Sachs deformity and acromioclavicular arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgeon referral for the right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations

Decision rationale: Orthopedic referral for the purpose of a right knee arthroscopy would not be indicated. The clinical records in this case do not support the current need for an arthroscopic procedure to the right knee as the claimant is diagnosed with significant advanced degenerative changes. Advanced degenerative arthritis is typically noted to be a contraindication to arthroscopic procedures with the exception of significant internal derangement or mechanical findings on examination that are not currently present. The role of orthopedic referral in this case would not be indicated.

Orthopedic Surgeon referral for the right shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery--Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations

Decision rationale: Based on California ACOEM 2004 Guidelines, surgical referral for a right shoulder arthroscopy would not be indicated. At present, while the claimant continues with pain complaints to the shoulder, postoperative imaging and lack of documentation of conservative care would fail to necessitate the acute need of an arthroscopic process. Arthroscopy to the shoulders is typically reserved for cases failing conservative measures of three to six months including injection therapy. The lack of the above documentation would not indicate the need for orthopedic referral at present.