

Case Number:	CM13-0047499		
Date Assigned:	12/27/2013	Date of Injury:	11/06/2012
Decision Date:	05/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Surgery and is licensed to practice in Arizona. 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:

This is a 66-year-old female who sustained an injury as a result of a fall at work on 11/6/12. The injury evolved into chronic neck pain, headaches, thoracic spine pain, left shoulder pain with loss of motion, lumbar spine pain, bilateral knee pain, abdominal injury, and psychic injury with sleep problems. The patient complains of constant left shoulder pain that radiates to her neck. She has decreasing range of motion of her shoulder. She also complains of pins and needles feeling that go down to her arm to just above her wrist. She has pain with reaching and lifting her upper extremity above shoulder level. Heat and medications help to alleviate the pain. The patient also complains of constant right knee pain and occasional left knee pain. She has difficulty standing or walking for long period of time and also has difficulty squatting and kneeling. She has difficulty ascending and descending stairs. The patient had 2 MRI scans of her right shoulder which show progression of a superior labrum anterior and posterior (SLAP) lesion. The MRI showed supraspinatus and infraspinatus tendinitis, acromioclavicular arthritis and a mild impingement. She had an MRI scan of her right knee which revealed some mild patella tendinitis and no other abnormalities. She has had physical therapy on her knee without relief of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER SEPARATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: There is no indication on the MRI that the patient sustained an acromioclavicular separation. There is no tenderness over the clavicle. Therefore the medical necessity of surgery for an acromioclavicular separation has not been established.

SUBACROMIAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient has had ongoing symptoms of impingement for over 6 months. Cortisone injections have not helped. She has significant limitation of activity. The MRI confirms the fact that she does have impingement at the level of the acromioclavicular joint. Therefore the medical necessity of this procedure has been established.

DISTAL CLAVICLE EXCISION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The patient is tender over her acromioclavicular joint. She has evidence of impingement secondary to degenerative changes at the acromioclavicular joint on the MRI scan. She has significant pain and limitation of shoulder motion. Therefore, the medical necessity of this procedure has been established.

BICEPS TESTING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, and Surgery for SLAP lesion.

Decision rationale: This patient has a confirmed superior labrum anterior and posterior (SLAP) lesion which is getting progressively worse according to sequential MRI scans. Arthroscopy is the best way to delineate involvement of the biceps tendon involvement of the biceps tendon in the SLAP lesion. The patient is scheduled for arthroscopy of the shoulder; therefore, individual testing of the biceps tendon is not medically necessary.

SLAP DEBRIDEMENT: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, and Surgery for SLAP lesion.

Decision rationale: This patient has a superior labrum anterior and posterior (SLAP) lesion which is getting progressively worse. She has significant limitation of activity despite nonsurgical treatment. The extent of involvement of the biceps tendon has not been delineated on the MRI scan. However, arthroscopy is the best way to delineate, classify, and manage the SLAP lesion. The extent of the surgical procedure will depend on the arthroscopic findings. They may include debridement or a more extensive reattachment of the tendon and labrum to the glenoid rim. Therefore, the medical necessity of this procedure has been established.

PHYSICAL THERAPY TWO (2) TIMES FOUR (4) TO BILATERAL KNEES, QTY: 8:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The patient was treated initially with physical therapy following her industrial injury and failed to give her any relief. In addition, the patient is expected to continue an active therapy at home as an extension of the treatment process in order to maintain improvement levels; there is no documentation to this. Since there was no relief from previous physical therapies and since the patient's participation was lacking, the medical's necessity for additional physical therapy has not been established.

URINE TOXICOLOGY TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, opioids Page(s): (s) 43, 84-86.

Decision rationale: Drug screening is used to detect illegal drugs and also to differentiate between dependence and addiction with opioids and to monitor compliance. The medical record documents previous drug tests which were all negative. There is no evidence that the patient is

misusing the medication. There was no evidence on previous drug tests of illegal drugs. Therefore the medical necessity of drug screen has not been established.