

Case Number:	CM13-0068596		
Date Assigned:	01/03/2014	Date of Injury:	05/22/2012
Decision Date:	04/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 patient is a 55-year-old female with industrial injury on 5/22/12. The exam notes from 9/9/13 demonstrate shoulder pain and pain, numbness and tingling in the left wrist. The treatment has included carpal tunnel release, medication, acupuncture, and physical therapy. The exam shows decreased range of motion for the left shoulder with positive impingement signs, tenderness over the left carpometacarpal joint and mild decrease in sensation in the median nerve distribution. The exam notes from 9/11/13 demonstrate increasing neck pain rated 8/10 with headaches, numbness and tingling into both arms, left shoulder pain rated 9/10, and left and right hand and wrist pain rated 10/10. The exam shows weakness of left shoulder upon flexion, abduction, and external rotation, tenderness at the superior aspect with a positive impingement test. The exam notes from 10/23/13 demonstrate persistent pain in the left shoulder and wrist with numbness in the left hand. The exam demonstrated positive Phalen's and positive Durkan's compression tests. Conservative treatment has reportedly not been successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging - Magnetic Resonance Imaging (MRI)

Decision rationale: The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for a MRI of the wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect gamekeeper injury, chronic wrist pain, plain films normal, suspect soft tissue tumor and chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case there are no red flag indications for MRI and no evidence of suspected fracture, Kienbocks or gamekeeper injury. In addition no plain radiograph findings are documented in this case. Therefore the determination is for non-certification.

MRI, left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging - Magnetic Resonance Imaging (MRI)

Decision rationale: The California MTUS ACOEM, page 269 states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that indications for a MRI of the wrist are acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect gamekeeper injury, chronic wrist pain, plain films normal, suspect soft tissue tumor and chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case there are no red flag indications for MRI and no evidence of suspected fracture, Kienbocks or gamekeeper injury. In addition no plain radiograph findings are documented in this case. Therefore the determination is for non-certification.

Left shoulder arthroscopy, IAS, SAD: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Subacromial Decompression - Acromioplasty.

Decision rationale: Per the California MTUS Shoulder Chapter, Referral for surgical consultation may be indicated for patients, who have red-flag conditions such as acute rotator cuff tear in a young worker, glenohumeral joint dislocation, activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion or clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. In this case there is insufficient evidence to warrant shoulder arthroscopy and subacromial decompression secondary to lack of MRI findings, lack of documentation of conservative care or response to anesthetic injection. Therefore determination is for non-certification.

Left carpal tunnel release, left 1st CMC arthroplasty, endo vs. open: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

Decision rationale: In this case there is insufficient evidence of carpal tunnel syndrome and failure of conservative management as stated above. There is insufficient evidence of abnormal hand diagram scores, nocturnal symptoms, decreased two-point discrimination or thenar weakness to warrant surgery. In addition there is no evidence of electrodiagnostic evidence of carpal tunnel syndrome. In this case there is no radiographic evidence of left thumb arthritis to warrant CMC arthroplasty. Therefore the determination is not medically necessary.

Post-op ComboCare 4 Stim; thirty (30) day trial: 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.

Hot/Cold contrast system with compression; sixty (60) day trial: 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-op physical therapy for left shoulder arthroscopy/left CTR; twelve (12) sessions (3x4):
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.