

<b>Case Number:</b>	CM13-0072758		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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 claimant is a 47 year old claimant who sustained an industrial injury on 11/18/10. Diagnoses include lumbosacral sprain, and rotator cuff syndrome. The patient is status post left hand carpal tunnel release. An examination from 7/31/13 demonstrates complaints of numbness of the hands with tingling, as well as neck, back, and shoulder pain. There is documentation of positive Phalen's and Tinel's tests on the wrists. Atrophy is noted, and there is a normal two point discrimination. An exam note from 11/13/13 reflects right shoulder impingement without any documented motor deficit or red flag symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right shoulder arthroscopy with decompression and possible rotator cuff repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** As per the California MTUS, referral for surgical consultation may be indicated for patients who have red-flag conditions, activity limitations for more than four months with existence of a surgical lesion, failure to increase range of motion and strength of the

musculature around the shoulder with existence of a surgical lesion after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair in both the short- and long-term. Based on the documentation received for review, the criteria for surgery are not met. As such, the request is noncertified.

**assistant surgeon:** 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.

**postoperative physical therapy three times a week for four weeks for the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Per the California MTUS, an initial course of physical therapy is composed of half the number of total visits allotted. For carpal tunnel syndrome, this is 3-8 visits over 3-5 weeks. As the requested 12 visits exceed guideline recommendations, the request is noncertified.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-208.

**Decision rationale:** According to the California MTUS guidelines, primary criteria for ordering imaging studies are emergence of a red-flag, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, there is no evidence of the criteria for an MRI. Therefore, the request is noncertified.