

Case Number:	CM14-0008170		
Date Assigned:	02/12/2014	Date of Injury:	02/12/2004
Decision Date:	06/24/2014	UR Denial Date:	01/05/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 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 claimant is a 64-year-old female who was injured in a work related accident on February 12, 2004. The clinical records for provided for review indicate chronic complaints of neck pain, low back pain and bilateral upper extremity symptoms. The October 1, 2013 progress report noted these complaints and that the claimant was status post rotator cuff repair surgery in March of 2013 with a current diagnosis of left shoulder impingement. Subjective complaints of pain in the left shoulder were noted. The progress report documents that the claimant has received five prior steroid injections to the shoulder. Physical examination showed restricted range of motion to 90 degrees of flexion, positive impingement and empty can testing. There was 4-/5 strength with shoulder abduction and flexion. Given failed conservative care and continued diagnosis of impingement, a shoulder arthroscopy was recommended for further intervention. Records on that date also indicated the need for a left trigger thumb release procedure with no documentation of an examination of the thumb performed. There is no documentation of prior injections to the left thumb noted. Without documentation of recent physical examination or imaging, a referral to an orthopedic spinal specialist was also made based on the claimant's chronic and ongoing complaints. There was continuation of medications to include tramadol and Norco. There is no indication of recent imaging in regards to the claimant's left shoulder documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT SHOULDER ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

Decision rationale: Based on California ACOEM Guidelines, the need for left shoulder arthroscopy in this setting would not be indicated. The claimant's current clinical picture, while consistent with impingement, fails to show current or recent imaging studies to support the diagnosis. While it is noted that conservative care has also been utilized, there is no documentation of continuous treatment for the past three months to satisfy the ACOEM Guideline criteria. The role of left shoulder arthroscopy at this chronic stage in the claimant's course of care would not be supported.

1 LEFT THUMB TRIGGER FINGER RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: California ACOEM Guidelines also would support the role of a left trigger thumb release procedure. The documentation of the claimant's last clinical assessment failed to demonstrate physical examination findings of the thumb. There was also no indication of recent or any corticosteroid injection procedure being performed to the left thumb A1 pulley. The ACOEM Guidelines would not support the role of trigger thumb release in absence of conservative measures. The specific request would not be supported.

1 REFERRAL TO ORTHOPEDIC SPINE SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS) (2004), 179

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: California ACOEM Guidelines would not support the role of orthopedic spine referral. While this individual is noted to have chronic neck complaints, there is currently no documentation of compressive findings on imaging or physical examination demonstrating an acute radicular process for which a referral for operative intervention would be necessary. The request in this case is not supported.