

Case Number:	CM14-0103439		
Date Assigned:	08/06/2014	Date of Injury:	12/04/2013
Decision Date:	09/10/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 61-year-old gentleman who was injured in a work related accident on December 4, 2013. Records indicate injuries to the right shoulder and upper extremity. Available for review is an MRI of the shoulder from January 23, 2014 that showed a cystic lesion along the inferior labrum with a likely tear with articular surface partial tearing to the supra and infraspinatus tendon. Operative intervention based on these findings took place on February 14, 2014 in the form of a right shoulder examination under anesthesia, arthroscopic debridement of the labrum and rotator cuff with subacromial decompression. There is no documentation of electrodiagnostic studies in this individual's course of care. Post-operative follow-up reports indicate a May 23, 2014 assessment indicating continued pain to the shoulder with examination revealing full range of motion with pain at end points of abduction and external rotation. There is described tingling to the tip of the index and long finger. It states that the individual has utilized care following surgery including physical therapy, a corticosteroid injection and activity restrictions. Based on the claimant's continued postoperative findings, revision surgery was recommended in the form of a right shoulder arthroscopic bicipital tenodesis and a right wrist carpal tunnel release. The clinical records, as stated, do not formally indicate electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy evaluation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support physical therapy. At present there is no indication for wrist and/or shoulder surgical procedures in this case. The request for postoperative physical therapy would thus not be supported.

Right shoulder Arthroscopy, surgical : debridement, extensive QTY:1.00: 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): 211.

Decision rationale: California ACOEM Guidelines would not support a shoulder arthroscopy. While Guidelines do support the role of shoulder arthroscopy for purposes of impingement that has failed conservative care, this individual is with no indication of postoperative imaging for review that would necessitate or support the role of a second surgical procedure. Request for an arthroscopic debridement would not be supported.

Right shoulder arthroscopic tenddesis QTY:1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: MTUS Guidelines are silent regarding the specific clinical indications for bicipital tenodesis. When looking at Official Disability Guidelines, this procedure would not be indicated. Guidelines typically reserve surgical processes for biceps tendon surgery for positive imaging and/or examination findings that have failed conservative care. This individual's preoperative imaging to the shoulder did not indicate bicipital pathology with no postoperative imaging available for review. There would currently be no direct clinical indication for a bicipital tenodesis.

Right wrist carpal tunnel release QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California ACOEM Guidelines would not support a carpal tunnel release. California ACOEM Guidelines would support carpal tunnel release in settings involving positive

electrodiagnostic testing and examination findings. CA MTUS states, "CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." Unfortunately, there is no documentation of electrodiagnostic testing or recent physical examination findings of carpal tunnel in this individual. While the claimant was noted to be with subjective complaints of tingling to the index and middle digit, without clinical correlation between examination findings and electrodiagnostic studies, surgical process would not be supported.

**Post-operative physical therapy 2 times a week for 4 weeks, right shoulder and right wrist
QTY: 8.00: 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) Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support postoperative physical therapy to the shoulder or wrist as the need for operative intervention in this case has not been established.