

Case Number:	CM14-0119427		
Date Assigned:	08/06/2014	Date of Injury:	07/31/2011
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 patient is a 54-year-old female who reported an industrial injury on 7/31/2011. The mechanism of injury is repetitive use. The medical records document conservative care for the postoperative left shoulder, including Physical therapy, physiotherapy, and massage. The patient had an orthopedic re-evaluation AME on 2/19/2014 regarding multiple complaints: constant left-sided neck pain, intermittent left shoulder pain, constant pain under the left arm extending six inches down the left side, and constant left upper arm pain and sensitivity to touch with radiation down left upper extremity to the hand. Her primary complaint is left axillary pain. Examination demonstrated 2+ reflexes, negative Hoffman's, global left upper extremity hypoesthesia, 5/5 motor strength except for 5-/5 strength of left supraspinatus, 26 right/16 left Jamar strength. X-rays of the left wrist reveal positive ulnar variance, cystic changes in the distal pole of the scaphoid, slight degenerative changes of the scaphotrapezial joint, and no other bony abnormalities. The diagnoses are 1. Status post left shoulder arthroscopic subacromial decompression and SLAP debridement, July 2013; 2. Left wrist ulnar abutment syndrome; 3. Chronic cervicothoracic multiligamentous strain. A 2/22/2012 left wrist MRI reportedly revealed subcortical trabecular stress response/bone marrow edema in the volar margin of the lunate, accentuated dorsal tilt of the lunate at the lunate capitulated articulation; (a copy of the report is not provided in the records). The 6/10/2014 MRI of the left axilla did not reveal any abnormalities. According to the 6/16/2014 PR-2 she complains of left arm pit pain, left hand pain, neck pain, and dizziness when she turns her head. The objective findings are tenderness with ROM of the left wrist, decreased left hand grip strength, positive Tinel's at the left cubital tunnel and decreased cervical ROM. The diagnoses are 1. Status post left shoulder arthroscopy with SLAP debridement; 2. Left axillary pain; 3. Left ulnar abutment syndrome; 4. Left ulnar nerve entrapment, elbow; 5. Cervical spine discogenic pain; 6. Dizziness. She remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar shortening osteotomy with plate and screw fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand; Triangular fibrocartilage complex (TFCC) reconstruction.

Decision rationale: According to the CA MTUS ACOEM Guidelines, Referral for hand surgery consultation may be indicated for patients who: - Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. The Official Disability Guidelines state (Ulnar shortening surgery) triangular fibrocartilage complex (TFCC) reconstruction is recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. In the case of this patient, there is no clear evidence of TFCC tear. The medical records do not provide a detailed treatment history regarding the left wrist. There is inadequate evidence that the patient has clinically significant functional deficits on examination and failed to respond a full course of conservative care. There is lack of clear evidence of a true surgical lesion that necessitates surgical intervention, significant functional deficits and failure of recent non-operative treatment. The Left ulnar shortening osteotomy with plate and screw fixation is not medically necessary.

Pre-operative surgical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Preoperative general.

Decision rationale: CA MTUS guidelines do not discuss the issue. The medical records do not establish the patient is a candidate for the proposed surgical procedure. Consequently, pre-operative clearance is not medically necessary.