

Case Number:	CM14-0126115		
Date Assigned:	08/13/2014	Date of Injury:	06/10/2013
Decision Date:	09/12/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/08/2014

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 51-year-old female who sustained a vocational injury on June 10, 2013, working as a clerk. To avoid something that was falling from the top of some boxes that were stacked high, the claimant jump backward and struck her left shoulder against the door. The report of an MRI dated July 23, 2013 showed a moderate-grade, partial-thickness tear on the bursal side of the infraspinatus tendon. Mild supraspinatus tendinosis was noted, along with some collection of fluid in the subacromial subdeltoid bursa. There was minimal acromioclavicular osteoarthritis. Progress notes available for review from July 5, 2014, noted continued left shoulder pain, problems with her elbow and, in general, a number of symptoms regarding her left upper extremity. Records document that she was still working but reported chronic pain as well. Upon examining the left shoulder, range of motion was decreased in the flexion, extension and abduction planes. There was positive impingement sign on the left, and Hawkin's was noted to be positive. She had tenderness about the lateral aspect of the left elbow and was diagnosed with rotator cuff tendinitis of the left shoulder with a suspected tear and tendinitis of the left elbow. The records available for review suggests the claimant received medications; however, the types of medications prescribed were not specified. Therapy also was recommended, but no documentation exists to show that the claimant was compliant with this recommendation. The current request is for a left shoulder arthroscopy, decompression and possible repair of the rotator cuff with corticosteroid injection of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy left shoulder, decompression and possible repair rotator cuff with cortisone injection left elbow, [REDACTED] MD, to assist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgical consideration for rotator cuff repair Impingement syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 209-211. Decision based on Non-MTUS Citation Milliman Care Guidelines, 18th Edition; Assistant Surgeon Guidelines.

Decision rationale: The California MTUS Guidelines note that prior to considering surgical intervention for the current working diagnosis of the left shoulder documentation should establish that claimant's have failed to increase range of motion and strength of the musculature of the shoulder even after an exercise programs and the conservative treatment should be undertaken and have documentation that it has been failed and been exhausted for a minimum period of three to six months prior to considering and recommending surgical intervention. Conservative treatment should also include anti-inflammatories, activity modification, a home exercise program and injection therapy in the setting of non full-thickness tears of the rotator cuff. In regards to injections of corticosteroids for lateral epicondylitis, guidelines suggest that they are mildly recommended and should be considered in conjunction with antiinflammatories, a home exercise program, a stretching and strengthening program and formal physical therapy. Currently there is no documentation suggesting that the claimant has undertaken a conservative approach to the left lateral epicondylitis which would be recommended prior to considering and recommending with the left elbow corticosteroid injection. Furthermore, based on the documentation presented for review and in accordance with California MTUS Guidelines, due to the fact that there is a lack of documentation of attempting, failing and exhausting conservative treatment for both the left shoulder as well as the left elbow prior to considering and recommending left shoulder surgery and a left elbow corticosteroid injection which is recommended per California MTUS Guidelines the request cannot be considered as medically necessary. Furthermore, based on the California ACOEM Guidelines, the request for arthroscopy left shoulder, decompression and possible repair rotator cuff with cortisone injection left elbow, [REDACTED] MD, to assist cannot be recommended as medically necessary. According to the ACOEM Guidelines, before considering surgical intervention for the current working diagnosis of the left shoulder, the records must document that the claimant has failed to increase the shoulder's range of motion and strength after participating in an exercise program. Conservative treatment must be documented as having failed for at least three to six months before recommending surgical intervention. Conservative treatment should also include anti-inflammatories, activity modification, a home exercise program and injection therapy in the setting of non-full-thickness tears of the rotator cuff. Regarding corticosteroid injections for lateral epicondylitis, guidelines suggest that they are mildly recommended and should be considered in conjunction with anti-inflammatories, a home exercise program, a stretching and strengthening program and formal physical therapy. Currently, the documentation does not suggest that the claimant has undertaken a conservative approach to treat the left lateral epicondylitis, which would be recommended before considering a left elbow corticosteroid injection. Therefore, based on the records available for review and according to California

ACOEM Guidelines that require documentation of failed conservative treatment for both the left shoulder and the left elbow before recommending surgical intervention and a corticosteroid injection, this request is not medically supported. Since the surgery is not medically necessary, with request for a surgical assistant is also not medically necessary.