

<b>Case Number:</b>	CM14-0139327		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Texas. 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 injured worker is a 67 year old male who had a work related injury on 09/10/09. Mechanism of injury was not documented. He was eventually taken to the operating room for right shoulder surgery. He stated following the operative he developed adhesive capsulitis. The injured worker stated he retired two to three years ago. He stated in 12/13 while at a restaurant he started experiencing dizziness. He then started feeling numbness running from his neck all the way down his right upper extremity to his hand. He was taken to an emergency room because his wife was fearful that he was having a stroke. Apparently he was worked up and it was found no evidence of a stroke. But he was told he might have a pinched nerve. He stated that currently he was still having episodes of numbness in his right upper extremity and if he fell on his or slept on his right side he had increased pain in the shoulder. He was currently taking several medications including dose for diabetes. MRI of the cervical spine without contrast dated 04/17/14 at C2-3 showed mild intervertebral disc desiccation seen with normal disc height. No focal disc bulge or disc protrusion was seen. No central canal or neural foraminal stenosis. Posterior elements intact. At C3-4 there was mild intervertebral disc desiccation seen with normal disc height, a 3.5mm broad based disc protrusion resulting in minimal central canal stenosis. There was mild effacement of the anterior thecal sac CSF space seen. No neural foraminal stenosis seen. At C4-5 there was mild intervertebral disc desiccation with normal disc height. Two millimeter disc bulging resulted in mild impression on thecal sac centrally. No central canal or neural foraminal stenosis. At C5-6 there was moderate intervertebral disc desiccation with moderate disc height loss. 5mm left paracentral broad based disc herniation was noted resulting in mild central canal stenosis and moderate to severe left neural foraminal stenosis. Effacement of anterior thecal sac CSF space. Cord contact without evidence of cord compression or cord signal abnormality. Right neural foramen was patent. At C6-7 mild

intervertebral disc desiccation with normal disc height. 2mm disc bulge resulted in mild impression on thecal sac centrally. No central canal or neural foraminal stenosis. MR arthrogram of the shoulder dated 04/17/14 showed a focal full thickness supraspinatus tendon tear without evidence of retraction or atrophy. No definite evidence of labral tear seen although portions of the superior labrum near the biceps labral complex were not optimally visualized subacromial subdeltoid synovitis/bursitis was seen. Narrowing of the acromial humeral interval was noted as discussed above. Recommended clinical correlation to exclude impingement syndrome. Most recent clinical documentation submitted for review was dated 07/25/14. And it noted that the patient complained of the injured worker continued to complain of right shoulder and cervical discomfort. The injured worker stated he had very little range of motion and strength of his right shoulder. He was currently taking Orudis 75mg BID. On physical examination revealed Jamar strength on the right was 12, 10, 10 on the left 30, 30, 28. Girth of the right bicep/forearm was 29/29 left bicep/forearm 29/28. Cervical spine range of motion was 5-10 degrees. Decreased right bending, turning with pain. Positive Spurling with radicular right shoulder and C5 dermatome pain. He had tenderness to palpation in the right acromioclavicular joint. Range of motion of the right shoulder was 135/135/internal rotation 55 with pain. Positive Neer Hawkins O'Brien with pain. Prior utilization review dated 08/11/14 was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Shoulder Debridement, Distal Clavicle Excision Any Repairs: 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 Official Disability Guidelines (ODG)Shoulder chapter, Surgery for rotator cuff repair

**Decision rationale:** The request for Right Shoulder Debridement, Distal Clavicle Excision Any Repairs is not medically necessary. Based on the clinical documentation submitted for review it does not support the request. MRA of the right shoulder in April 2014 showed a full thickness tear of the supraspinatus without atrophy or retraction. There has been no evidence of an updated MRA of the right shoulder to see if any atrophy has occurred or retraction of the tear, or even if it is repairable at this point. Also there has not been any documentation that the pain generator of the shoulder is actually the rotator cuff and not cervical pathology. As such medical necessity has not been established.

#### **Medical Clearance Labs: 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 Official Disability Guidelines (ODG) Online ODG, Pre-op labs

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cold Therapy Unit:** 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 Official Disability Guidelines (ODG) Shoulder chapter, Continuous-flow cryotherapy

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pain Pump:** 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 Official Disability Guidelines (ODG) Shoulder chapter, Postoperative pain pump

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cervical 3-4 And 5-6 ESI with Facet Injection X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Facet joint injections

**Decision rationale:** The request for cervical three to four and five to six epidural steroid injections with facet injections times two is not medically necessary. Per Official Disability Guidelines it is recommended not to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. Therefore medical necessity has not

been established for cervical three to four and five to six epidural steroid injections with facet injections.

**Post Op Pt 3 X 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.