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| Case Number: | CM14-0151483 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 06/25/2011 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/17/2014 |

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 Minnesota. 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 45 year old female who complains of chronic widespread pain related to repetitive lifting of plastic boxes with food dishes dating back to 06/25/2011. She was repetitively lifting overhead and experienced pain in multiple areas including the cervical spine, shoulders, elbows, wrists, hands, as well as her back. It was worse on the right as compared to the left. Multiple tender areas were reported. She was treated with Physical therapy, acupuncture, trigger point injections, tennis elbow strap, and also underwent a right carpal tunnel release which did not result in significant improvement. EMG (Electromyography) and Nerve Conduction Studies on 11/14/2013 were negative. She underwent MRI scans of the Cervical Spine on 10/13/2011 and again on 12/07/2013. The first MRI showed bulges at C4-5, C5-6, and C6-7. The repeat MRI showed mild facet arthropathy with slight anterolisthesis at C3-C4, slight bulging and mild facet arthropathy and a minimal disc-osteophyte complex at C4-5, and a minimal central protrusion with mild thecal sac effacement and neural compression at C5-6. The right shoulder pain was treated with one steroid injection with unknown results. She also received one injection in the cervical area. MRI scan of the right shoulder performed on 12/07/2013 revealed mild tendinosis of the rotator cuff but no tear. The labrum was degenerative but not torn. There was moderate acromioclavicular arthrosis. Mild sub-deltoid bursitis was also reported. The disputed surgery is arthroscopy of the right shoulder with subacromial decompression, and Mumford procedure. Post-operative physical therapy, cold therapy, and abduction pillow are also disputed along with the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Subacromial Decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; Acromioplasty.

Decision rationale: CA MTUS guidelines recommend conservative care including cortisone injections for at least 3-6 months before considering surgery. The available records do not mention any shoulder therapy in the recent past. Specific information with regard to the response to steroid injections is also not documented. The records do not document if impingement has been confirmed as the "pain generator" particularly in light of the relatively benign MRI findings. There is no documentation of a Neer impingement test using a subacromial injection of lidocaine to confirm the source of pain as recommended in the ODG guidelines. In light of the history of chronic neck pain with radiation down the upper extremities particularly on the right and the cervical MRI findings as reported this will be necessary. It is common for a C5-6 herniation to cause shoulder pain. Based upon the above, the request for arthroscopy right shoulder with subacromial decompression is not deemed medically necessary per guidelines at this time.

Right Mumford Procedure: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-operative twelve (12) Physical Therapy sessions for Right Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-operative Cold Therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-operative Abduction Pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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