

Case Number:	CM14-0155832		
Date Assigned:	09/25/2014	Date of Injury:	01/11/1996
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 Emergency Medicine, 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:

This is a markedly disabled 71 year old male who is usually non ambulatory and in a wheel chair. He has a post laminectomy syndrome and is on a pain pump and P.O. hydrocodone for break through pain. This summary is limited to the left shoulder. The shoulder is quite atrophic and quite weak. This is easily explained by the 9/9/14 left shoulder MRI findings wherein described is a massive rotator cuff tear with fatty atrophy of muscles; massive joint effusion; extensive villonodular synovitis; and erosive changes at the glenoid which is quite small. An intra-articular cyst is not described. A cyst of the shoulder is mentioned in passing on a progress note for a pain management office visit dated 9/10/14 wherein the provider states "left shoulder cyst without change."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspiration of Left Shoulder Cyst: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cooper et al

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Campbell's Operative Orthopedics, Mosby Elsevier, 12th Edition, 2013 2) Clinical Dermatology - Habif, Thomas P./ Bonnett, Claire (EDT)/ Lowson, Kirs

Decision rationale: There is no documentation of what kind of cyst is located where in any of the medical records that have been provided to this reviewer. A cyst is not mentioned in the MRI. The practitioner notes the cyst under the shoulder examination in the record. If the "cyst" is located under direction vision, some description of the cyst is necessary in order to make a decision as to whether the cyst should be aspirated, whether it needs removed surgically or, considering the "massive" joint effusion and shoulder atrophy, is this an extension of the synovium of the shoulder joint, as in a developing fistula. Inadequate information has been provided to this reviewer to authorization a surgical procedure or cyst aspiration. Therefore, this request is not medically necessary.