MAXIMUS Federal Services

Case Number:	CM14-0157130		
Date Assigned:	09/30/2014	Date of Injury:	08/29/2012
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This 47-year-old male truck driver sustained an industrial injury on 8/29/12. Injury occurred relative to semi-truck accident. He was asleep in the cabin of the semi-truck when it crossed the freeway, hit a telephone pole and landed in a field. Injuries were reported to the head, right shoulder, right elbow, low back and right hip. He was diagnosed with a chip fracture of the right olecranon and moderate bilateral cubital tunnel syndrome with impingement of the ulnar nerve at the elbow. The patient underwent right ulnar nerve transposition on 1/15/14. The 3/10/14 orthopedic consultation report documented complaints of right elbow and right hip pain. Shoulder exam documented slight loss of range of motion in all planes, limited by pain. Right hip exam documented mild loss of range of motion in all planes with pain on active and passive range of motion. X-rays of the hip were requested. The 7/14/14 treating physician report cited complaints of grade 7/10 right hip pain, and right shoulder pain radiating all the way to the right hand with numbness. Right hip exam was reported as normal. There was decreased hip range of motion due to pain with flexion 60, extension 15, abduction 20, adduction 10, external rotation 20, and external rotation 30 degrees. Right elbow exam documented a well healed incision, positive Tinel's, decreased range of motion, and decreased right ulnar sensation. Height was 5'7" and weight was 228 pounds. Right hip x-rays were reported pending. Right shoulder MRI showed rotator cuff tendinitis. The diagnosis was post-op right cubital tunnel syndrome, right hip osteoarthritis, and right shoulder rotator cuff tendinitis. The treatment plan recommended right shoulder subacromial decompression and possible Mumford procedure and referral to a joint specialist for total hip arthroplasty. The patient was non-responsive to conservative treatment of the right shoulder, including therapy and steroid injection. The 8/28/14 utilization review denied the right shoulder surgery and associated requests as there was no definitive imaging or clinical exam evidence of impingement or rotator cuff tears. The request for orthopedic joint specialist

consult was denied as the patient did not meet criteria for total joint replacement at this time. Records indicated that the patient had received a right subacromial corticosteroid injection on 4/30/13 with no documentation of response. Physical therapy and chiropractic treatment were provided in 2012 and 2013 but there was no detailed documentation relative to body parts or response.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right shoulder sub-acromial decompression possible mumford: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome; Partial claviculectomy

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no current subjective, objective or imaging evidence to support the medical necessity of the requested surgery. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial directed to the right shoulder and failure has not been submitted. Therefore, this request is not medically necessary.

1 pre-op clearance to include EKG, labs and chest x-ray: 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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38; ACR Appropriateness CriteriaÂ® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

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

Unknown post-op physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

1 orthopedic joint specialist consultation for right hip: 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 Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127, and on the Non-MTUS Official Disability Guidelines (ODG) Hip and Pelvis, Arthroplasty.

Decision rationale: The California MTUS guidelines support referral to a specialist when the course or plan of care can benefit from additional expertise. The Official Disability Guidelines state that total hip arthroplasty is recommended when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Surgical criteria include exercise/physical therapy and medications or corticosteroid injection, plus limited range of motion or night time joint pain or no pain relief with conservative care, plus over 50 years of age and body mass index less than 35, plus clinical imaging findings of osteoarthritis on standing x-rays or arthroscopy. Guideline criteria have not been met for referral to a joint specialist for total hip arthroplasty. The patient is under 50 years with a body mass index in excess of 35. There are no standing hip x-rays noted in the records provided or other imaging evidence of osteoarthritis. There is no evidence that all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Therefore, this request is not medically necessary.