

Case Number:	CM14-0158230		
Date Assigned:	10/01/2014	Date of Injury:	03/07/2014
Decision Date:	12/02/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 Orthopedica Surgery and is licensed to practice in New York. 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 patient reports continuous trauma injuries to the right wrist right arm right shoulder and right hand. These injuries were caused by activity at work. He is a 36-year-old male. He has chronic pain in the right shoulder. He reports swelling numbing and tingling in the right extremity. He has right wrist pain. He also reports right knee pain. On physical examination he is a full range of motion of the hands. Palpation of the shoulder reveals nonspecific tenderness. He has slightly reduced range of motion in the right shoulder compared to the left. His right wrist is as tender. Phalen and Tinel's test are negative. The medical records do not document significant attempts at conservative measures to date. Remains unclear exactly how much physical therapy the patient has conducted and completed. At issue is whether additional therapies are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic surgery, subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 209, 211, 214. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter; Surgery for impingement syndrome ODG Indications for Surgery -- Acromioplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation MTUS shoulder pain chapter, ODG shoulder pain

Decision rationale: This patient does not meet established criteria for shoulder surgery. Specifically, there is no documentation of trial and failure of conservative measures to include physical therapy. There is no documentation of subacromial steroid injection. Additional conservative measures are required at this time. Shoulder surgery is not medically necessary.

Right wrist cyst removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand Chapter; Surgery for ganglion cysts

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation MTUS hand pain chapter, ODG hand chapter

Decision rationale: There is no documentation of conservative measures for her right wrist cyst. There is no documentation of physical therapy occupational therapy or aspiration. Additional conservative measures are required. Criteria not met for surgery.

Norco 5-325mg every 12 hours as needed #60 (prescribed 7-16-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: Guidelines do not recommend the use of narcotic medicine for chronic pain conditions. Additionally the medical records do not indicate that the patient is involved in a functional restoration program. Criteria for narcotics not met.

TGHOT 180 grams (prescribed 7-16-14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Topical Analgesics

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: MTUS Chronic Pain Treatment Guidelines

Decision rationale: The medical records do not document an appropriate indication for the use of this medicine. This medicine is not medically indicated for treatment of chronic pain.

Fluriflex 180 grams (prescribed 7-16-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain treatment guidelines

Decision rationale: The medical records do not document an appropriate indication for the use of this medicine. This medicine is not medically indicated for treatment of chronic pain.

Physical therapy 2 times per week for 6 weeks for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation MTUS shoulder pain chapter

Decision rationale: The medical records indicate that the patient may have had physical therapy previously for his injury. However, remains unclear from the records exactly how much physical therapy the patient has had and to what extent of therapy was beneficial. Therefore, requested for additional physical therapy at this time and not supported. The medical records do not clearly documented the patient's previous physical therapy in the results of the physical therapy. He remains unclear whether additional physical therapy is needed or when the patient should be transitioned to a home program at this time.