

<b>Case Number:</b>	CM14-0172263		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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 53-year old female with a date of injury on 1/18/2013. The mechanism of injury was not documented. Past surgical history was positive for bilateral carpal tunnel releases. The 4/26/13 right shoulder magnetic resonance imaging (MRI) documented mild supraspinatus tendinosis and moderate acromioclavicular joint arthrosis impressing on the supraspinatus musculotendinous junction which may pre-dispose to impingement. The 5/21/14 pain management report indicated the injured worker had recovered from her left wrist infection and completed antibiotic therapy. Acupuncture and physical therapy were reported as helpful for the wrist. Cervical spine exam documented slight limitation in range of motion due to pain, right upper trapezius and levator scapulae tenderness and spasms, and positive Spurling's test on the right. Upper extremity neurologic exam was not documented. The diagnosis included cervical sprain/strain, rule-out discopathy. Medication management was documented. The 8/20/14 orthopedic consult report cited worsened right shoulder symptoms with locking and grinding. Walking with her arm swinging caused crepitus and a painful sensation in the right shoulder. She had difficulty sleeping and with overhead activity. A cortisone injection helped for a short time but symptoms had returned. Right shoulder exam documented acromioclavicular joint tenderness to palpation and positive Neer's, Hawkin's, and empty can tests. Range of motion testing documented flexion and abduction 155, extension and adduction 50, internal rotation 80, and external rotation 85 degrees. The diagnosis included right shoulder impingement syndrome with tendinitis/bursitis and acromioclavicular arthrosis. The injured worker had failed all appropriate conservative treatment. Surgery was requested to include right shoulder arthroscopy, subacromial decompression, and possible Mumford procedure. The 9/30/14 utilization review certified a request for right shoulder surgery with assistant surgeon, post-op physical therapy x12 and a shoulder sling. The request for transportation to and from surgery was denied as there was

no clear clinical rationale with specific details regarding the injured worker's need for post-operative transportation. The request for consultation with an orthopedic surgery for the cervical spine and right shoulder was denied as the injured worker was already approved for right shoulder surgery and there were limited cervical exam findings in the cervical spine which required further consultation. The request for consultation with a pain management specialist for the cervical spine and right shoulder was denied as the injured worker had been approved for right shoulder surgery and there were no imaging findings of the cervical spine which outlined any significant pathology. The request for cervical traction was denied as the medical necessity was not established relative to current cervical spine status or functional improvements as a result of prior modality use.

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

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

**Associated surgical service: Transportation to and from surgery: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation (to & from appointments)

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not specifically address the medical necessity of transportation. The American College of Occupational and Environmental Medicine (ACOEM) state that nonmedical issues should be managed by the provider. These issues can be handled in the same way as a regular medical specialist referral, using a network of resources when non-medical issues are involved. The Official Disability Guidelines state that transportation to and from appointments is recommended for medically-necessary transportation to appointments in the same community for injured workers with disabilities preventing them from self-transport. There is no documentation in the file to support the medical necessity of this request. There is no documentation that the injured worker is unable to secure a ride from friends/family. Therefore, this request is not medically necessary.

**Associated surgical service: Consult with an orthopedic surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

**Decision rationale:** The evidence based guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guidelines state that referral for surgical consultation for the cervical spine is indicated for injured workers who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Guideline criteria have not been met. There is no medical rationale presented with this request for consultation with an orthopedic surgeon regarding the right shoulder and cervical spine. The injured worker has been approved for right surgery. There is no documentation of imaging evidence of a surgical lesion, exam findings of neurologic deficit, or failure of conservative treatment to support referral to an orthopedic surgeon for evaluation of the cervical spine. Therefore, this request is not medically necessary.

**Associated surgical service: Consult with a pain management specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

**Decision rationale:** The evidence based guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have not been met. There is no current rationale presented to support the medical necessity of a pain management referral relative to the neck and right shoulder. The injured worker has been approved for right shoulder surgery. There is no current pain or functional assessment and imaging findings provided for the cervical spine. There is no indication of how this referral will change the plan or course of care. Therefore, this request is not medically necessary.

**Associated surgical service: Cervical traction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend palliative modalities, such as cervical traction. The Official Disability

Guidelines recommend home cervical injured worker controlled traction for injured workers with radicular symptoms, in conjunction with a home exercise program. Guideline criteria have not been met. There is no current documentation of cervical radicular symptoms in the records provided. There is no documentation that the injured worker is participating in a home exercise program. There is no evidence that a clinical trial of cervical traction has been beneficial. Therefore, this request is not medically necessary.