

Case Number:	CM14-0177670		
Date Assigned:	10/31/2014	Date of Injury:	01/31/2011
Decision Date:	12/08/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Hand 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 40-year-old male who reported an injury on 01/31/2011. The mechanism of injury was not stated. The current diagnoses include lumbosacral radiculopathy, shoulder tendonitis/bursitis, and elbow tendonitis/bursitis. The injured worker presented on 08/18/2014 with complaints of residual lower back pain. The injured worker also reported left sided shoulder and elbow pain. Physical examination revealed tenderness over the lateral epicondyle of the left elbow with pain with restricted wrist extension. Authorization was requested for a left shoulder arthroscopy with subacromial decompression and left elbow lateral release. A Request for Authorization form was then submitted on 09/09/2014. It is noted that the injured worker underwent an MRI of the left shoulder on 03/04/2013, which revealed mild impingement syndrome, tendinosis of the rotator cuff with a small partial tear and fluid in the subdeltoid space.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Subacromial Decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, there was no physical examination of the left shoulder provided on the requesting date. There is no documentation of a significant functional limitation. There is no mention of an attempt at any conservative treatment for the left shoulder prior to the request for a surgical procedure. Base on the clinical information received, the request is not medically appropriate.

Left Elbow Lateral Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and a clear clinical and electrophysiological or imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation of the left elbow with pain with resisted wrist extension. There is no documentation of a significant functional limitation. There were no x-rays, imaging reports, or electrodiagnostic reports submitted for the left elbow. There was no mention of an attempt at any conservative treatment for the left elbow prior to the request for a surgical procedure. Based on the clinical information received, the request is not medically appropriate.