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| Case Number: | CM14-0020670 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 10/30/2009 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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:

The claimant is a 57-year-old gentleman who injured the right upper extremity in a work related accident on November 1, 2009. The medical records for review pertaining to the claimant's right upper extremity, particularly the shoulder and the elbow, include a December 30, 2013 progressreport noting chief complaints of left sided neck pain, low back pain, intermittent right elbow pain and shoulder discomfort. The recommendation at the visit was for a dual surgical process to include a right shoulder arthroscopy as well as right elbow cubital tunnel release and lateral epicondylectomy. While there were no physical examination findings documented in the December 30, 2013 report, looking back at the October 24, 2013 examination of the shoulder, restricted shoulder range of motion to 95 degrees of forward flexion, positive impingement and Hawkins testing were documented. Examination of the elbow revealed pain with resisted flexion and extension but no documentation of neurologic findings. The report of a July 28, 2010 electrodiagnostic study reported no abnormality. The report of an MRI of the shoulder dated August 29, 2013 identified acromioclavicular osteoarthritis and full thickness tearing of the supraspinatus tendon with retraction. There was no documentation of conservative care for the claimant's elbow and shoulder noted. The request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 660-661.

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

Decision rationale: The request for right shoulder arthroscopy cannot be recommended as medically necessary. The California ACOEM Guidelines recommend surgical repair of rotator cuff tears that cause acute weakness in young active workers. This individual's clinical presentation including timeframe from injury and MRI findings that showed evidence of chronic pathology to his full thickness rotator cuff tear would not support the acute need of an operative procedure. At present, there is no indication of significant weakness or documentation of recent conservative measures including injection therapy provided for the claimant's symptoms. Therefore, the acute need for rotator cuff repair surgery five years post injury without documentation of recent conservative measures or weakness would not be indicated and is therefore not medically necessary.

LATERAL EPICONDYLAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 803-808.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: Based on California ACOEM Elbow Guidelines, lateral epicondylar release also would not be indicated. While this individual is noted to have a positive epicondylar examination, there is no documentation to determine the extent of recent conservative treatment that has been exhausted for the claimant's symptoms. There is no indication of previous physical therapy or injection care. The request for a lateral epicondylar release would not be indicated and is thus not medically necessary.

CUBITAL TUNNEL RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: California ACOEM Elbow 2007 Guidelines would not support the acute need of cubital tunnel release. The claimant's recent physical examination findings demonstrated no neurologic findings to support a diagnosis of cubital tunnel syndrome and the recent electrodiagnostic studies did not identify ulnar entrapment at the elbow. The lack of correlation between electrodiagnostic testing and examination would fail to support the acute need of surgery and therefore is not medically necessary.

