

<b>Case Number:</b>	CM14-0026193		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/26/2005
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Pennsylvania. 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 claimant is a 67-year-old female injured in a January 6, 2005, fall while working as a housing specialist. According to the records available for the review, the claimant was diagnosed with the following: rotator cuff injury with subacromial bursitis; right elbow, wrist and knee arthralgia; chronic neck and low back pain; right knee degenerative joint disease, and left knee patellar chondromalacia. There is no documentation of previous pertinent surgical intervention. A May 16, 2014, office note reports right shoulder and right knee pain, described as three in intensity on a 10-point scale. The claimant reported that medication helped with symptom management. Upon physical examination of the right shoulder, the claimant had 5-/5 strength right abduction. Sensation was intact in all dermatomes. Deep tendon reflexes were within normal limits. Hawkins's maneuver was positive on the right. There was tenderness over the acromioclavicular joint with direct palpation. In all quadrants, 4 out of 5 strength was documented. There was no sign of infection; severely decreased range of motion was noted in all planes, causing pain. A July 10, 2012, MRI report of the right shoulder showed a focal articular side, partial tear of the supraspinatus tendon at the insertion site. Biceps tenosynovitis was noted, as was acromioclavicular joint hypertrophy with glenohumeral joint effusion and subacromial/subdeltoid bursitis. The study also showed sublabral foramen, a normal variant, and no obvious abnormalities. On examination of the right knee, there was tenderness to palpation in the medial and lateral joint lines, as well as positive crepitance upon range of motion. Range of motion was decreased on flexion and extension secondary to pain. Positive McMurray's with inversion and eversion was noted. On examination of the left knee, the claimant was able to bear weight. There was severe tenderness to palpation of the medial and lateral joint lines and positive crepitus with range of motion, which was severely decreased on flexion and extension secondary to pain. There was positive McMurray's with inversion and eversion. Bridging along the medial

aspect of the left knee and significant swelling were documented. A left knee MRI report, dated November 25, 2013, suggested at least partial if not complete ACL ligament tear with bone marrow injury, cortical impaction, posterolateral proximal tibial and lateral femoral condyle. There was a blunt, free-edge body, medial and lateral menisci, and blunt posterior margin, anterior horn, lateral meniscus and undersurface tear of the posterior horn of the medial meniscus. The study also showed joint effusion with extensive subcutaneous and soft tissue edema with popliteal cyst, as well as lateral patellar tilt and subluxation with chondral fissure, suggesting a medial facet, prepatellar soft tissue edema. There was at least a high-grade Grade II, if not Grade III, MCL sprain/tear proximally. Bone marrow edema was seen on the medial femoral condyle, as well as on the femorotibial compartment chondral to a lesser degree. Thinning was noted laterally and medially. The records document conservative care with Orthovisc injections, physical therapy in 2012, and a cortisone injection which provided at least 10 percent of relief. This request is for: a right knee hinged brace; a right shoulder subacromial decompression and distal clavicle resection with possible rotator cuff debridement; and 12 sessions of chiropractic manipulation.

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

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

#### **1 Right Knee Hinge Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation ODG, Treatment in Worker's Comp, Knee and Leg chapter, Knee brace.

**Decision rationale:** According to the California MTUS ACOEM and Official Disability Guidelines, a hinged brace for the right knee would not be indicated in this case. The ACOEM and Official disability Guidelines recommend knee bracing for patellar instability, anterior cruciate ligament tear, medial collateral ligament instability, instability of the knee, painful failed total knee arthroplasty, high tibial osteotomy, or unicompartment osteotomy, avascular necrosis, or surgical repair of meniscus or articular defect. The reviewed records do not reflect any of these diagnoses. Therefore, the request for the hinged brace would not be supported as medically necessary.

#### **1 Right Shoulder As Ad/Dcr/ Possible Rotator Cuff Debridement: Upheld**

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

**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) Treatment in Worker's Comp; 18th Edition, Shoulder Chapter Partial Claviclectomy.

**Decision rationale:** According to California MTUS ACOEM and Official Disability Guidelines, the request for right shoulder arthroscopy, decompression, distal clavicle resection and possible rotator cuff repair would not be supported in this case. Guidelines recommend surgery following failed conservative care - including physical therapy, the use of anti-inflammatory medications, a home exercise program, activity modification and corticosteroid injection. The reviewed records do not document trials of conservative care for the right shoulder consistent with guidelines recommendations. Therefore, the request for shoulder surgery would not be indicated as medically necessary.

**12 Sessions of Post-Op Chiropractic Manipulation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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