

Case Number:	CM14-0033201		
Date Assigned:	06/20/2014	Date of Injury:	09/22/2010
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 46-year-old female who developed acute complaints of right upper extremity and neck pain on September 22, 2010 while lifting a bed. The report of an MRI of the right shoulder dated August 1, 2013 identified bicipital tenodesis with supra and infraspinatus tendinosis. Also identified was evidence of a prior acromioplasty and decompression. The progress report of January 27, 2014 revealed continued shoulder and elbow complaints and noted that an injection of the contralateral left elbow provided no relief. Objectively, there was tenderness of the shoulder on palpation, limited range of motion, positive Neer and Hawkins testing and positive empty can testing. There was also tenderness noted over the medial portion of the elbow with limited range of motion. Electrodiagnostic studies performed in September 2010, noted mild ulnar compression at the medial epicondyle. The medical records provided for review did not identify other treatment. The recommendation was made for shoulder surgery to include an isolated biceps tenodesis and a right elbow ulnar nerve decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Ulnar Nerve Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter-Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

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

Decision rationale: Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Based on California ACOEM Guidelines for the elbow, the request for right elbow ulnar nerve decompression would not be indicated. The claimant's electrodiagnostic testing is nearly four years old and identifies only mild compressive findings. The clinical presentation indicated pain, but no indication of neurologic findings of the upper extremity and no documentation of recent treatment to the right elbow. The ACOEM Guidelines recommend surgery for cases with a firm diagnosis, electrodiagnostic studies that correlate with clinical findings, and a course of conservative treatment for a six month period of time. The request is not medically necessary.

Right Shoulder Surgery Secondary to Biceps Tendinopathy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: Based upon the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an isolated biceps tenodesis would not be supported. This surgery is not recommended as an isolated or stand-alone procedure. While this individual is noted to have bicipital tendinosis on imaging, the medical records do not identify failed conservative treatment for a six month period of time that would support the need for surgery. The need for operative process in this case has not been established.

Pre-op Medical Clearance: Upheld

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

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), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

Post-op Physical Therapy 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): (ICD9 726.1; 726.12).

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