

Case Number:	CM14-0042627		
Date Assigned:	06/30/2014	Date of Injury:	07/16/2013
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 61-year-old who was injured in work related accident on July 16, 2013. Records provided for review document that the claimant fell while pulling a garbage can and injured his right upper extremity. There are complaints of both elbow and shoulder discomfort. The report of an MRI of the right shoulder dated December 12, 2013 showed tendinosis of the supraspinatus, degenerative arthrosis of the acromioclavicular joint and no indication of acute labral or full thickness rotator cuff pathology. Recent clinical assessment dated 04/01/14 described continued complaints of subjective pain in the shoulder and lateral elbow. On examination there was tenderness over the bicep tendon and acromioclavicular joint with restricted range of motion. The elbow examination showed full range of motion with no other documented findings. The claimant was diagnosed with a shoulder strain and bicep tendon tea as well as underlying lateral epicondylitis. There was request for Corticosteroid injection to the elbow and arthroscopy of the right shoulder with tenodesis of the bicep tendon. Specific documentation of treatment to the shoulder is not noted. There are no formal imaging reports or objective findings on examination of the claimant's elbow for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection of the right elbow lateral epicondyle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 594-600.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20, 23.

Decision rationale: Based on the Elbow Disorders Chapter of the ACOEM Practice Guidelines, the request for a Corticosteroid injection into the lateral epicondyle would not be indicated. ACOEM Guidelines recommend lateral epicondylar injections if a condition continues to persist for three to four weeks with no improvement with additional conservative management. There is no documentation of any conservative treatment offered for elbow symptoms. There is no documentation of physical examination demonstrating lateral epicondylar findings. The acute need of an injection in this individual would thus not be supported. The request for cortisone injection of the right elbow lateral epicondyle is not medically necessary or appropriate.

Arthroscopy of the right shoulder with tenodesis and proximal biceps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211.

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 on the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, the request for arthroscopy of the right shoulder with tenodesis and proximal biceps cannot be recommended as medically necessary. While surgery to the shoulder and the proximal bicep can be indicated for appropriate individuals, this claimant has no documentation of prior conservative care consisting of physical therapy or recent injection care. Without documentation of the above, the acute need of a shoulder arthroscopy with tenodesis of the proximal bicep would not be indicated. Therefore, the request for arthroscopy of the right shoulder with tenodesis and proximal biceps is not medically necessary or appropriate.