

Case Number:	CM14-0046838		
Date Assigned:	07/02/2014	Date of Injury:	02/23/1999
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopaedic 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:

This 63-year-old male quality control specialist sustained an industrial injury on 2/23/99, relative to continuous trauma. This patient had a complex medical history including residual paraplegia following thoracic spine arachnoid cyst surgeries. The 5/21/12 left shoulder MR arthrogram revealed a labral tear with mild diffuse degenerative changes of the glenoid labrum and a full thickness chondral defect involving the posterior superior glenoid. There was rotator cuff tendinosis and biceps tendinosis. There were moderate degenerative changes at the acromioclavicular joint. The 11/17/13 treating physician progress report indicated that the patient was cleared for left shoulder surgery but he was not ready to proceed until he was in receipt of an automated wheelchair with elevation. Records indicated that the patient had on-going moderate to severe left shoulder pain with difficulty lifting and reaching with the left arm. The 3/13/14 treating physician documented tenderness to palpation over the left acromioclavicular joint, subacromial region, and supraspinatus tendon. Impingement and cross arm tests were positive. Range of motion testing demonstrated flexion 98, extension 40, abduction 100, adduction 35, internal rotation 20, and external rotation 70 degrees. Upper extremity physical therapy was discontinued due to aggravation. Referral for an orthopedic surgical consult was recommended regarding the left shoulder due to worsening symptoms, loss of motion and function. An updated left shoulder MRI was requested. The 3/14/14 treating physician letter indicated that the patient had recovered from his spinal surgery, had been provided an automated wheelchair, and was ready to procedure with left shoulder surgery as previously recommended. The 3/31/14 utilization review denied the request for a consultation with a shoulder specialist as the patient had indicated that he was not ready to proceed with surgery until he had an automated wheelchair. The request for left shoulder MRI was denied as there was no significant change in symptoms and/or findings suggestive of significant pathology to warrant repeat imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspiration of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 39, 44.

Decision rationale: The California MTUS elbow guidelines recommend aspiration for a diagnosis of septic olecranon bursitis. Surgical treatment of aseptic olecranon bursitis was only recommended if there was failure to show signs of improvement after at least 6 weeks of conservative treatment. Guideline criteria have not been met. There is no evidence that this patient has septic olecranon bursitis. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for aspiration of the left elbow is not medically necessary.