

Case Number:	CM14-0054910		
Date Assigned:	07/07/2014	Date of Injury:	03/21/2013
Decision Date:	08/07/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/24/2014

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:

This 55-year-old male machine operator sustained an industrial injury on 3/21/13, due to heavy lifting and repetitive work. The 3/5/14 orthopedic report cited increasing pain in both shoulders and knees over the past year due to lack of any corrective measures or treatment. Bilateral shoulder exam documented marked subacromial tenderness with early contractures of both shoulders. There was marked limitation of motion beyond 110 degrees on both sides. The patient was incapable of functioning due to the severity of the bilateral shoulder symptoms. Bilateral knee exam documented marked medial joint line tenderness, and positive McMurray's which had become progressively worse due to the bilateral nature of the injury. The patient was incapacitated for prolonged walking or standing activities. Due to the severe incapacitated condition relative to both shoulders and knees, the patient should be considered for immediate action and surgical correction. Additionally, the patient had developed anxiety, depression, insomnia, abdominal discomfort from medications, and an inguinal hernia. The 4/4/14 utilization review denied the requests for arthroscopic surgeries to both shoulder and knees based on an absence of sufficient clinical and imaging documentation to establish medical necessity. There was no evidence that conservative treatment had been exhausted. The 4/21/14 orthopedic report cited a gradual onset of bilateral shoulder and knee pain, as well as back and neck pain over 27 years. Over the past year, conservative treatment has included 6 months of physical therapy to the shoulders and knees without improvement in symptoms. MRI studies of both shoulders revealed a type II-III downsloping acromion indicative of severe impingement syndrome, as well as SLAP lesions bilaterally. The right knee MRI revealed a grade III tear of the posterior horn of the medial meniscus with some degree of patellofemoral joint chondromalacia. The left knee MRI showed a grade III tear of the posterior horn of the medial meniscus. Surgery was recommended based on these gross abnormal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Acromioplasty.

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) Shoulder, Surgery for Impingement Syndrome.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no evidence that the patient has been provided steroid injections or a diagnostic injection test for impingement. There is no current documentation of clinical signs of impingement or motor function. The arthroscopic surgery being requested is not specified. Therefore, this request for arthroscopic surgery for the bilateral shoulders is not medically necessary.

Arthroscopic surgery for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Indications for Surgery, Chondroplasty, Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official Disability Guidelines provide specific criteria for meniscectomy or meniscus repair that include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective

clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. There is no current documentation of mechanical meniscal symptoms. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no clear indication of the level of degenerative changes in the right knee. The arthroscopic surgery being requested is not specified. Therefore, this request for arthroscopic surgery to the bilateral knees is not medically necessary.