

Case Number:	CM14-0061432		
Date Assigned:	07/09/2014	Date of Injury:	01/04/2013
Decision Date:	09/23/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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:

The claimant is a 52-year-old who injured the left shoulder on 01/04/13. The clinical records provided for review included the report of an MRI of the left shoulder dated 05/29/13 identifying supra and infraspinatus tendinosis, acromioclavicular joint arthrosis and mild inflammatory changes of the biceps tendon. There was no labral or rotator cuff pathology. The report of a follow up examination on 03/31/14 described continued complaints of pain in the shoulder with painful range of motion, subacromial tenderness to palpation, and positive impingement findings. The recommendation was made for shoulder arthroscopy, debridement, subacromial decompression and Mumford procedure. The medical records did not contain any documentation of conservative treatment including a corticosteroid injection or recent physical therapy. Also, at the 03/31/14 follow up examination the claimant had wrist pain with numbness and tingling and examination revealed decreased sensation of the thumb and index finger. While it was documented in the report that electrodiagnostic studies showed mild left carpal tunnel syndrome, the formal report was not available for review. There was also not documentation of conservative treatment for the carpal tunnel related diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Scope with debridement, subacromial decompression, mumford: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines

- TWC; Official Disability Guidelines Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter, "ODG Indications for Surgery? -- Partial claviclectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Mumford Procedure (Partial Claviclectomy) Criteria for partial claviclectomy (includes Mumford procedure) with diagnosis of post-traumatic arthritis of AC joint: 1. Conservative Care: At least 6 weeks of care directed toward symptom relief prior to surgery. (Surgery is not indicated before 6 weeks.) PLUS 2. Subjective Clinical Findings: Pain at AC joint; aggravation of pain with shoulder motion or carrying weight. OR Previous Grade I or II AC separation. PLUS 3. Objective Clinical Findings: Tenderness over the AC joint (most symptomatic patients with partial AC joint separation have a positive bone scan). AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. PLUS 4. Imaging Clinical Findings: Conventional films show either: Post-traumatic changes of AC joint. OR Severe DJD of AC joint. OR Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation.

Decision rationale: California ACOEM Guidelines and supported by the Official disability Guidelines, would not support the request for left shoulder scope, with debridement, subacromial decompression and Mumford procedure. ACOEM Guidelines recommend six months of conservative care including injection therapy before proceeding with surgery. The documentation does not confirm that the claimant has had six months of conservative care including injection therapy. Therefore, the proposed surgery is not recommended as medically necessary.

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for a left carpal tunnel release is not medically necessary. ACOEM Guidelines recommend that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. While the claimant has continued subjective complaints of numbness of the thumb and index finger, there is no formal report of the electrodiagnostic studies to confirm the findings or determine the date when the studies were performed. There is also no formal physical examination consistent with a diagnosis of carpal tunnel syndrome as there is no documentation of objective findings of Phalen's, Tinel's or carpal tunnel compression on examination. Without clinical documentation of physical examination findings correlating with electrodiagnostic evidence of carpal tunnel syndrome, the requested surgical process would not be supported.

Consultation for medical pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Low Back Chapter, Preoperative testing (e.g. chest radiography, electrocardiography, laboratory testing, urinalysis).

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 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

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

Post-Operative Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008).

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

Post-Operative Physical Therapy 2 x 6 to the Left Shoulder and Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Post-Operative Cock Up Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: carpal tunnel procedure Splinting Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints in CTS, and it may include full-time splint wear instructions as needed, versus night-only. Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Nevertheless, surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis, however the benefit from these injections although good is short-lived. Two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program. (Banta, 1994) (Bury, 1995) (Courts, 1995) (Finsen, 1999) (Walker, 2000) (Gerritsen-JAMA, 2002) (Goodyear-Smith, 2004) (Muller, 2004) (Sevim, 2004) (Werner, 2005) (Premoselli, 2006) (Ucan, 2006) A hand brace significantly improves symptoms after four weeks. There is limited evidence that a nocturnal hand brace improves symptoms, hand function and overall patient-reported change in the short-term (up to four weeks of use). There is limited evidence that night-only wrist splint use is equally effective as full-time wrist splint use in improving short-term symptoms and hand function. There is limited evidence that neutral wrist splinting results in superior short-term overall and nocturnal symptom relief (at two weeks) when compared with wrist splinting in extension. Furthermore, limited evidence suggests that short-term daytime symptom relief is similar for both splint groups. (O'Conner-Cochrane, 2003) It is concluded that steroid injections and wrist splinting may be effective for relief of CTS symptoms but have a long-term effect in only 10 percent of patients. Symptom duration of less than 3 months and absence of sensory impairment at presentation are predictive of a lasting response to conservative treatment. Selected patients (i.e., with no thenar wasting or obvious underlying cause) presenting with mild to moderate carpal tunnel syndrome may receive either a single steroid injection or wear a wrist splint for 3 weeks. This will

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