

<b>Case Number:</b>	CM14-0063764		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 64 year old male sustained an industrial injury on 1/2/08. The mechanism of injury was not documented. Past medical history was positive for diabetes and hypertension. Past surgical history was positive for left knee arthroscopy with partial meniscectomy and chondroplasty on 11/18/10. The 1/12/11 right shoulder MRI documented 8-9 mm bony erosion involving the superolateral aspect of the humeral head posteriorly. The 1/12/11 left shoulder MRI revealed moderate degenerative change of the acromioclavicular joint with slight to mild inferior encroachment. The 1/13/11 left ankle MRI impression documented no clinically significant abnormality. The 6/6/11 right knee MRI revealed chondromalacia patella, degenerative arthritis, and intrasubstance degeneration in the medial meniscus. The 2/11/14 treating physician progress report cited neck, low back, bilateral shoulder, bilateral elbows, left hip, left knee, and left ankle pain. The treatment plan recommended bilateral shoulder arthroscopic surgery, left ankle anterior talofibular ligament repair, right knee arthroscopy, aquatic physical therapy for the cervical spine, lumbar spine, and shoulder, and bilateral elbow brace and pads. The 2/20/14 pain management report cited grade 6/10 low back pain shooting across the belt line. Lower back pain radiated to the left lower extremity and foot. There were disc bulges noted at L4/5 and L5/S1. There was decreased left L5 sensation. The treatment plan requested authorization of left L4/5 and L5/S1 transforaminal epidural steroid injection. The 4/11/14 utilization review denied the request for bilateral shoulder, left ankle, and right knee surgery as there were limited clinical exam and imaging findings to support the medical necessity of surgery. Aquatic therapy was denied as prior conservative treatment trials and failed home exercise program were not documented. The request for elbow bracing and pads was denied as the medical necessity was not established relative to the objective deficits, diagnosis, and prior treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**right shoulder arthroscopic surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The ACOEM Guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been show to benefit in the short and long-term from surgical repair. Guideline criteria have not been met. There is no specific arthroscopic procedure being requested. Exam findings are limited to pain. There is no significant deficit relative to the right shoulder documented. MRI findings do not document imaging evidence of a surgical lesion in the absence of clinical exam findings. There is no evidence that reasonable conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

**left shoulder arthroscopic surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** The ACOEM Guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been show to benefit in the short and long-term from surgical repair. Guideline criteria have not been met. There is no specific arthroscopic procedure being requested. Exam findings are limited to pain. There is no significant deficit relative to the left shoulder documented. MRI findings do not document imaging evidence of a surgical lesion in the absence of clinical exam findings. There is no evidence that reasonable conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

**anterior talofibular ligament (ATFL) repair - left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** The ACOEM Guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Repairs of ligament tears are generally reserved for chronic instability. Guideline criteria have not been met. Exam findings are limited to pain. There are no objective findings of instability or imaging evidence of a ligament tear. There is no evidence that reasonable conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

**arthroscopy - right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**Decision rationale:** The ACOEM Guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. ACOEM 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. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. Exam findings are limited to pain. There are no indications of mechanical symptoms, limited range of motion, swelling, effusion, or crepitus. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. Imaging evidence suggests mild degenerative changes. Therefore, this request is not medically necessary.

**aquatic physical therapy - cervical and lumbar spine, and both shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24.

**Decision rationale:** The MTUS Chronic Pain Guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. All therapies are

focused on the goal of functional restoration rather than merely the elimination of pain. Guidelines additionally indicate that patients are instructed and expected to continue active therapies on an independent basis in order to maintain improvement levels. Guideline criteria have not been met. There is no current functional assessment documented or functional treatment goals outlined to support the medical necessity of aquatic physical therapy. Records indicate that the patient has been provided a home exercise program. The medical necessity of supervised or specialized therapy over an independent home exercise program is not established. Therefore, this request is not medically necessary.

**brace and pads - both elbows:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41-42.

**Decision rationale:** The ACOEM Guidelines support the use of elbow padding for ulnar neuropathies at the elbow and olecranon bursitis. Elbow bracing is recommended for epicondylalgia, ulnar neuropathies at the elbow, and elbow dislocation. Guideline criteria have not been met. There is no documentation in the file to support the diagnosis of ulnar neuropathy to support the medical necessity of both elbow padding and splinting. Clinical exam findings are limited to a report of bilateral elbow pain. There were no clinical findings suggestive of elbow pathology. Therefore, this request is not medically necessary.