

Case Number:	CM14-0066411		
Date Assigned:	07/11/2014	Date of Injury:	07/27/2012
Decision Date:	10/01/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/09/2014

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:

This 43-year-old male driver/warehouse worker sustained an industrial injury on 7/27/12 relative to a slip and fall. Past surgical history was positive for lumbar decompression and medial facetectomy in the late 1990s. The 7/30/12 right shoulder MRI documented linear signal tracking through the superior anterior aspect of the labrum which might represent a tear associated with a paralabral cyst. MR arthrogram was recommended for further evaluation. The 10/19/12 lumbar spine MRI documented a 4 mm disc/osteophyte complex at L4/5 with a 3 mm posterior disc protrusion eccentric to the left. At L5/S1, there was a 3-4 mm posterior disc protrusion compromising the exiting nerve roots bilaterally and bilateral facet arthritic changes. The 12/19/12 lower extremity NCV/SSEP was abnormal with findings consistent with lumbosacral plexopathy with an L5/S1 radiculopathy. Records indicated that the patient had bilateral lower extremity pain to the calves, right greater than left and was an occasional smoker. The 3/25/14 orthopedic report cited persistent right shoulder pain with overhead activities and low back pain radiating to both lower extremities. Right shoulder exam documented normal strength, positive Neer's, and positive lateral apprehension sign. Range of motion testing documented flexion and abduction 120 degrees, extension and adduction 50 degrees, and internal/external rotation 90 degrees. There was a right middle finger triggering with a mobile tender mass over the A1 pulley. Lumbar spine exam documented paraspinal tenderness to palpation with normal range of motion and lower extremity strength. There was diminished sensation over the bilateral S1 dermatomes. There were 2+ patellar and Achilles reflexes, negative Achilles clonus, and negative straight leg raise. The patient had failed conservative treatment for the right shoulder with anti-inflammatories, physical therapy, and injections. A right shoulder arthroscopy was requested for findings concordant with the MRI findings of a SLAP tear. The treatment plan also recommended a lumbar decompression with fusion as the patient had a previous decompression

more than 10 years ago and any additional decompression would cause iatrogenic instability. Records indicated that treatment to the lower back had included a course of physical therapy, one epidural steroid injection with benefit for approximately one month, anti-inflammatory medication, and activity modification. The 4/15/14 utilization review denied the request for right shoulder arthroscopy as there was no documentation of imaging findings consistent with Type II or Type IV SLAP lesions. The request for L4-S1 lumbar decompression and fusion was denied as there was no documentation of objective radicular findings in the L5 nerve root distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines

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 SLAP lesions

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. The Official Disability Guidelines recommend surgery for SLAP lesions that are Type II or IV following 3 months of failed conservative treatment with anti-inflammatory medication and physical therapy. Guideline criteria have not been met. There is no clear imaging evidence of a SLAP lesion, additional MR arthrogram was recommended but has not been completed. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

L4-S1 Decompression and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Fusion (Spinal

Decision rationale: The ACOEM Guidelines recommend lumbar decompression surgery for patients with radiculopathy due to on-going nerve root compression who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative

therapy. Guideline indications include radicular pain syndrome with current dermatomal pain and/or numbness, or myotomal muscle weakness all consistent with a herniated disc. Imaging findings are required that confirm persisting nerve root compression at the level and on the side predicted by the history and clinical examination. The Official Disability Guidelines support the use of fusion for iatrogenic instability. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. Records indicate the patient had bilateral lower extremity radicular pain consistent with an S1 radiculopathy and findings of decreased S1 dermatomal sensation. The neurologic exam was otherwise within normal limits and nerve tension signs were negative. There are no documented clinical exam findings of L4 and L5 nerve root compression. A psychosocial screen is not evident. The patient was documented as an occasional smoker and cessation was not confirmed. Therefore, this request is not medically necessary.