

Case Number:	CM14-0067503		
Date Assigned:	07/11/2014	Date of Injury:	03/15/2007
Decision Date:	09/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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 injured worker is a female with left shoulder pain and left wrist pain with numbness and tingling. The injured worker complains of worsening symptoms at her clinic appointment with the treating physician on March 11, 2014. Clinical examination at that same appointment is significant for a positive Tinel's and positive Phalen's sign on the right side with tenderness to palpation over the distal radioulnar joint bilaterally. Radiographs are not documented on the current available reports, electromyogram studies are not documented on the current available reports, and objective clinical findings for the left shoulder and wrist are not documented. In addition, there is currently no documentation of conservative treatment to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic surgery with subacromial decompression , cuff repair.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder,] Surgery for rotator cuff repair.

Decision rationale: Following Medical Treatment Utilization Guidelines, surgical consideration for shoulder issues can be considered when there has been activity limitation for more than four months and there is existence of a surgical lesion with failure to increase range of motion and strength with an exercise program. In the setting of impingement syndrome, conservative care including cortisone injection can be carried out for at least 3-6 months before considering surgery. For this case, there is no documentation of conservative treatment including trial of cortisone injections. In addition, there are no documented subjective or objective examinations that show that the injured worker is suffering from a shoulder condition. From the clinic note dated March 11, 2014, there is no examination of the left shoulder. In addition, the magnetic resonance imaging findings are not mentioned in the clinic notes. Therefore, the request for left shoulder arthroscopic surgery with subacromial decompression, cuff repair is not medically necessary and appropriate.

Left hand 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): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Carpal tunnel release surgery.

Decision rationale: Following the guidelines for carpal tunnel in the Medical Treatment Utilization Guidelines in chapter 11, carpal tunnel surgery can be considered when there has been failure with conservative management and have clear clinical and special studies showing evidence of specific compression of the carpal tunnel. In this case, based on available documentation from March 11, 2014, though the injured worker is complaining of left hand pain and numbness, there is no examination of the left hand confirming diagnosis of carpal tunnel syndrome. In addition, electromyogram studies are not available to review and there is no documentation of failed conservative treatment. Therefore, the request for left hand carpal tunnel release is not medically necessary and appropriate.

Internal medicine surgical clearance.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

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

Pre-operative Labs.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

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

Post op DME: hot/cold contrast unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute&Chronic)(updated 4/24/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: With the request for surgeries being non-certified, there is no need for post operative durable medical equipment at this time.