

Case Number:	CM14-0070201		
Date Assigned:	08/08/2014	Date of Injury:	10/12/2001
Decision Date:	09/11/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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:

The claimant is a 37-year-old female firefighter who sustained a vocational injury on October 12, 2001 when she fell into a hole. The claimant is noted to be status post seven previous left knee surgeries. The claimant's current working diagnoses are Bilateral Shoulder Instability, Left Knee Patellofemoral Chondromalacia with anterior scarring as well as Right Knee Pain. The most recent office note available for review is from March 24, 2014 noting the claimant had complaints of bilateral shoulder and bilateral knee pain. She noted that her knees were beginning to feel weaker. She had undergone bariatric surgery for weight loss, but with her weight loss she feels that her knees give out more. Her most significant knee pain was on the left anterior aspect of the knee joint. On examination of the right shoulder she had active forward elevation to 180 degrees, external rotation to 90 degrees, and internal rotation to T12. She had pain with range of motion. She had a negative Neer test. She had a positive Hawkins, and a positive Jobe's test. Negative belly press test and a negative lift off test. She had a negative O'Brien's test and an empty can test. She had no tenderness over the acromioclavicular joint. She had mild tenderness over the biceps tendon. She had positive apprehension test. She had positive relocation test. She had a 1+ load and shift test. Examination of the left shoulder showed active forward flexion to 180 degrees, external rotation to 90 degrees, and internal rotation to T12. She had pain with any attempted range of motion. She had negative Neer, belly press, O'Brien's, Speed's and lift off test. She had a positive Hawkins and Jobe's testing. She had positive apprehension and positive relocation testing. She was non-tender to palpation over the acromioclavicular joint. She had 1+ load and shift test. She was non-tender about the biceps tendon and had a negative cross chest abduction test. Examination of the left knee revealed range of motion 0 to 130 degrees. She had negative varus and valgus stress testing.

She had negative Lachman's, negative anterior drawer and negative pivot shift test. She was tender to palpation about the anterior and medial joint line as well as tenderness to palpation about the anterior and lateral joint line. She had positive patellar crepitus and patellar grind. Positive Hoffa sign as well. There was no appreciated cranial insertion of the patellar. There is no documentation of diagnostic testing or conservative treatment which was undertaken to date. Current request is for left knee arthroscopy with anterior interval release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Anterior interval release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: California MTUS/ACOEM Guidelines have been referenced. Prior to considering surgical intervention for knee complaints, there should be documentation that there has been limited activity for more than one month and there is failure of conservative treatment prior to considering and recommending surgical intervention, specifically that of exercise programs which are designed to increase range of motion and strength of musculature around the knee. There should also be documentation of diagnostic study confirming intra-articular pathology which may be amenable to surgical intervention. Currently there is no documentation suggesting the claimant has attempted, failed or exhausted conservative treatment prior to recommending or proceeding with surgical intervention in the form of a left knee arthroscopy, and this certainly would be recommended in the setting of seven previous knee surgeries which have failed to provide any long lasting or meaningful relief. Documentation also fails to establish that there are diagnostic studies confirming pathology which may be amenable to surgical intervention. Furthermore, based on the documentation presented for review and in accordance with California MTUS and ACOEM Guidelines, the request for left knee arthroscopy with anterior and tibial release is not medically necessary.

Home Health Care 10 hrs per day, 7 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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

Post Operative Physical Therapy (no quantity given): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder chapter.

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

Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205,555-556. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter shoulder Continuous flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating.

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

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter foot and ankle Walking aides Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious

for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004) Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals.

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

Bilateral Shoulder arthroscopy with Capsulorrhaphy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder Dislocations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter Surgery for adhesive capsulitis Under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. (Dudkiewicz, 2004) (Guler-Uysal, 2004) (Castellarin, 2004) (Berghs, 2004) Study results support the use of physical therapy and injections for patients with adhesive capsulitis. (Pajareya, 2004) (Carette, 2003) (Arslan, 2001) The latest UK Health Technology Assessment on management of frozen shoulder concludes that arthrographic distension (also called hydrodilatation), which involves controlled dilatation of the joint capsule under local anaesthetic with sterile saline or other solution such as local anaesthetic or steroid, guided by radiological imaging (arthrography), needs more study. There is insufficient evidence to draw conclusions about the efficacy of distension (arthrographic or non-arthrographic) for frozen shoulder. In conclusion, few studies of distension were

identified and only single studies of different comparisons were available. Based on one study of satisfactory quality there is a little evidence of potential benefit with distension compared with placebo. In conclusion, although the evidence available suggested potential benefit from capsular release, these studies were at high risk of bias and cannot be used to draw conclusions regarding the efficacy of this treatment for frozen shoulder. (Maund, 2012) It is currently unclear as to whether there is a difference in the clinical effectiveness of an arthroscopic capsular release compared to MUA in patients with recalcitrant idiopathic adhesive capsulitis. The quality of evidence available is low and the data available demonstrate little benefit. A high quality study is required to definitively evaluate the relative benefits of these procedures. (Grant, 2013).

Decision rationale: In regards to the second request for Bilateral Shoulder Arthroscopy with Capsulorrhaphy, California MTUS and ACOEM Guidelines have been referenced along with supplemental referencing from Official Disability Guidelines from the Shoulder Chapter. California MTUS, ACOEM and Official Disability Guidelines suggest that prior to considering surgical intervention, there should be documentation that claimants have attempted, failed and exhausted conservative treatment for a period of at least four months to include anti-inflammatories, home exercise program, formal physical therapy, and injection therapy, prior to considering and recommending surgical intervention for capsular release. In addition, there is no documentation suggesting that there is any diagnostic study confirming bilateral shoulder pathology which may be amenable to surgical intervention. Furthermore, based on the documentation presented for review and in accordance with California MTUS, ACOEM and Official Disability Guidelines, the request Bilateral Shoulder Arthroscopy with Capsulorrhaphy is not medically necessary.

Pre Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

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

Post Operative Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter shoulder 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.

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

Narcotic Pain Medication: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Opioid Classifications: Short-acting/Long-acting opioids Page(s): 74-95.

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