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| <b>Case Number:</b>   | CM14-0076673 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 05/25/2010 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 05/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2014 |

### 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 is a 59 year old female claimant status post industrial injury reported on 5/25/10. Claimant is status post MRI cervical spine from 2/28/14 demonstrates C5/6 and C6/7 right sided neural foraminal narrowing. Exam note from 10/8/13 demonstrates claimant with right upper extremity symptoms. Objective findings include significant weakness of right biceps, triceps and wrist flexors, but not wrist extensors nor brachioradialis. Screening for thoracic outlet test does not reproduce any neurologic symptoms in the upper extremities. Report is made that the claimant's periscapular symptoms are directly related to probable rhomoid major detachment. MRI of the right scapular without contrast is unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy Rhomboid Reattachment (presumed LEFT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition.

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

**Decision rationale:** CA MTUS/ACOEM Shoulder section, page 209, Table 9-6 does not support surgical intervention without the presence of a confirmed structural lesion shown to benefit from surgical intervention, together with failure of a valid conservative treatment trial including 2 to 3 corticosteroid injections, in management of injuries to the shoulder. In this case the exam notes from 10/8/13 do not demonstrate any evidence of a surgical lesion particularly on the MRI of the scapula from 12/14/12 which is negative. Therefore the guideline criteria has not been met and determination is for non-certification.

**Preoperative clearance: Medical:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative clearance: Labs (CBC, CMP, UA):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing - Author: Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Editor: William A Schwer, MD.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative clearance: EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing - Author: Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Editor: William A Schwer, MD.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative clearance: Chest Xray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing - Author: Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Editor: William A Schwer, MD.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-operative Physical Therapy x 8:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Cold therapy Unit x 8:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**External Abd Brace:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.