

<b>Case Number:</b>	CM14-0090652		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 patient is a 60 year old female who sustained an industrial injury on 04/01/2008, to the right wrist due to repetitive work duties as fast food clerk. She has history of non-industrial left knee injury s/p surgery and was off work 2/15/2012 to 1/21/2014, and non-industrial left shoulder dislocation injury. She has been working full time since 1/28/2014. She underwent an AME re-evaluation on 3/19/2014 and was diagnosed with right wrist tenosynovitis; status post right de Quervain's release in September 2010, with chronic wrist pain; trapeziometacarpal joint arthritis, right wrist; strain of right shoulder; and status post dislocation of the left shoulder in November 2013, not related to the current injury. The AME opined the right shoulder is compensable injury to the right wrist/hand. She may perform usual and customary duties of her occupation, without restrictions, prophylactically limited from lifting more than 50 lbs. repetitively. The AME recommended follow-up by treating physician for mediations, injections, and PT as needed. Future medical care to include MRI of the shoulder, further surgical treatment was not anticipated. Right wrist MRI dated 5/21/2014 provides the impressions: 1. There are mild degenerative changes present in the radial scaphoid articulation. 2. There is some tenosynovitis adjacent to the tip of the ulnar styloid process and tendinopathy of the extensor carpi ulnaris tendon. Right shoulder MRI dated 5/21/2014 provides the impressions: 1. Moderately severe hypertrophic arthritic changes in acromioclavicular joint with type II shape of acromion, contributing to shoulder impingement. 2. Severe tendinopathy in distal supraspinatus tendons with a full-thickness tear involving the anterior most fibers of distal supraspinatus tendon and partial thickness tear involving fibers of the infraspinatus tendon. Partial tear of the superior most fibers of the subscapularis tendon. The patient presented for post MRI follow-up evaluation on 5/22/2014, for right shoulder and wrist. She has symptoms despite physiotherapy, medication, and activity modification. Symptoms include severe pain with overhead activity and inability to

lay on the right shoulder at night. Physical examination documents tenderness on palpation of the shoulders, crepitus, muscle spasm and pain was elicited during impingement test. Flexion strength of the shoulders is reduced, weakness at 90 degrees elevation and full internal rotation. Strength is not quantified. Diagnostic assessment is rotator cuff tear, complete tear of rotator cuff tendon, acute tear of rotator cuff tendon, and right wrist tenosynovitis and arthritis. Treatment plan is Norco, right shoulder surgery, and right hand/wrist surgery consultation. According to PT note dated 5/29/2014, she attended for 15mins, the patient is independent with home exercise program in 3 visits. Increase strength to WNL is in progress. She continues to maintain ROM in the shoulder and wrist, pain has not improved. Plan is to hold PT until after shoulder surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Shoulder arthroscopy, rotator cuff repair and acromioplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 and 210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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

**Decision rationale:** According to the CA MTUS ACOEM guidelines, lesions of the rotator cuff are a continuum, from mild supraspinatus tendon degeneration to complete ruptures. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. The guidelines state surgery is reserved for cases failing conservative therapy of at least 3 months duration. The guidelines recommend 3 to 6 months of conservative care. According to the guidelines, conservative care for treatment of rotator cuff syndrome, including cortisone injections, may be carried out for up to 6 months. The patient has responded to PT, and there is no evidence cortisone injection has been tried. Medical records including the PT reports demonstrate good functional ROM and motor strength of the right shoulder. The medical records do not establish exhaustion and failure of standard and accepted conservative care measures. The medical necessity of the requested surgery has not been established.

#### **Post op Physical Therapy 3 X 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The medical records do not establish the patient is a candidate for the proposed right shoulder surgery. Consequently, postoperative PT is not medically necessary.

**Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous-flow cryotherapy.

**Decision rationale:** In the absence of surgical intervention, post-operative devices are not medically necessary.

**Ultrasling:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

**Decision rationale:** In the absence of surgical intervention, post-operative devices are not medically necessary.

**Hand Surgery Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503.

**Decision rationale:** According to the CA MTUS guidelines, consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; and Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The requesting medical report does not include any objective findings pertaining to the right wrist complaint. The right wrist MRI reveals only mild degenerative changes and tenosynovitis. There is no clear indication of a surgical lesion. In addition, failure or exhaustion of conservative care has not been established in this case. The documentation provided does not meet the MTUS guidelines criteria for hand surgery consultation.