

Case Number:	CM14-0092579		
Date Assigned:	07/25/2014	Date of Injury:	04/20/2010
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 39-year-old male courier/driver sustained an industrial injury on 4/20/10. Injury occurred while lifting a box and loading a truck. Initial treatment was primarily directed to the low back. The 8/30/13 left knee magnetic resonance imaging (MRI) impression documented lateral meniscus tear, anterior cruciate ligament mucinous degeneration versus partial tear, findings suggestive of a proximal medial collateral ligament partial tear, and knee joint effusion. The 9/4/13 left shoulder MRI impression documented a cystic lesion in the humeral head, supraspinatus and infraspinatus tendinosis, superior labrum anterior and posterior (SLAP) type 2 lesion, posterior wedge labrum with evidence of a tear, suspicion of proximal biceps tendinosis or partial tendon tear, mild acromioclavicular joint degenerative changes, and subacromial/subdeltoid bursitis. The 1/6/14 AME exam findings documented right shoulder range of motion testing with flexion 169, abduction 140, and internal rotation 60 degrees. There was generalized tend over the shoulders. Impingement and apprehensive signs were negative. Left knee exam documented medial joint line tenderness, negative anterior cruciate ligament and Lachman's signs, negative anterior drawer, negative McMurray's, and normal patellofemoral tracking. Left knee range of motion was 0-134 degrees. There was no indication that conservative treatment had been tried for the left knee or the left shoulder. The 5/13/14 treating physician report cited left knee pain and right shoulder pain that radiates down his arm and fingers with symptoms of numbness and tingling. Exam findings documented tenderness to palpation, positive supraspinatus stress test, positive Hawkin's test, and restricted left knee range of motion. The 6/9/14 utilization review denied the request for left knee surgery as there was no description of mechanical symptoms or indication of attempted conservative treatment. The request for left shoulder arthroscopy was also denied as there was no evidence of clinical impingement signs or failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, recurrent effusion), clear objective findings, and consistent findings on imaging. Guidelines state that anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by anterior cruciate ligament (ACL) incompetence. In cases involving partial tears, substantial improvement in symptoms may occur with rehabilitation alone. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no documentation of mechanical symptoms, other than simply knee pain. There are no positive meniscal signs documented on clinical exam. Therefore, this request for left knee arthroscopy is not medically necessary.

Left Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

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

Decision rationale: The American College of Occupational and Environmental Medicine (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 shown to benefit, in the short and long-term, from surgical repair. For impingement syndrome, conservative treatment, including steroid injections, is recommended for 3 to 6 months prior to surgery. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for left shoulder arthroscopy is not medically necessary.

