

Case Number:	CM14-0190147		
Date Assigned:	11/21/2014	Date of Injury:	10/29/2002
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 General Surgery, has a subspecialty in Laparoscopic Surgery and is licensed to practice in Texas. 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 injured worker is a 57-year-old female who reported injury on 10/29/2002. The diagnoses included shoulder DIS NEC. The mechanism of injury was repetitive use of the upper extremities. The surgical history included an anterior discectomy and fusion at C4-5 in 2009, bilateral shoulder arthroscopy, status post right thumb trigger finger release in 2010 and bilateral carpal tunnel release. There was a Request for Authorization for a left wrist ganglion cyst removal, biceps tendinopathy with SLAP debridement and urine toxicology screen on 07/14/2014. The documentation of 06/02/2014 revealed the injured worker had pain in the left shoulder, right wrist and left wrist. The injured worker complained of wrist pain shooting from her pinky finger to her shoulders. The medications were noted to include omeprazole and medical grade foods. Therapies included acupuncture. The physical examination revealed a positive impingement test, Neer's test, empty can, supraspinatus and Speed's tests on the left. The injured worker had decreased range of motion in extension, abduction, adduction and internal and external rotation. The diagnoses included left shoulder impingement syndrome and left shoulder labrum anterior and posterior SLAP tear. The treatment plan included surgical intervention and a urine drug screen. The injured worker had a prior urine drug screen. the injured worker underwent an MRI of the left shoulder without contrast on 02/03/2014, which revealed infraspinatus tendinosis and low grade intrasubstance partial thickness tear with intramuscular cyst; there was subscapularis tendinosis and mild proximal biceps tendinosis; there was a SLAP lesion; there were intact intra-articular fibers identified inserting upon the biceps anchor with, perhaps, minimal tendinosis; there was a linear fluid signal traversing the superior labral tracking posterior to the biceps anchor, consistent with a SLAP lesion; additionally there was AC joint degeneration with post decompression with adjacent subacromial subdeltoid bursitis. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that the use of urine drug screen is appropriate for injured workers with documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to provide documentation of the above criteria. The documentation indicated the injured worker had previously undergone a urine drug screen. There was a lack of documentation indicating the injured worker had aberrant drug behavior. Given the above and the lack of rationale, the request for 1 urine toxicology test is not medically necessary.

1 biceps tendinosis with slap debridement operative arthroscopy: 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): 209-210.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to indicate the injured worker had exhausted conservative care. It was documented the injured worker had undergone acupuncture. There was a lack of documentation of recent conservative care. Additionally, there was a lack of documentation indicating the specific classification of the SLAP tear that was identified. There was a lack of clarification indicating clarification for the requested "biceps tendinosis". Given the above, the request for 1 biceps tendinosis with SLAP debridement operative arthroscopy is not medically necessary.

1 left wrist ganglion cyst removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a hand surgical consultation may be appropriate for injured workers who have a failure to respond to conservative treatment including work site modification and who have clear clinical and special study evidence of a lesion that has been shown to benefit in the long and short term from surgical intervention. Additionally, only symptomatic wrist ganglion merit excision if aspiration fails. The clinical documentation submitted for review failed to provide documentation the injured worker had undergone an aspiration for the ganglion cyst. Given the above, the request for 1 left wrist ganglion cyst removal is not medically necessary.