

Case Number:	CM14-0200983		
Date Assigned:	12/11/2014	Date of Injury:	09/12/2004
Decision Date:	01/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 48 year old female sustained an industrial related injury on 09/12/2004 of unknown mechanism. The results of the injury and previous or initial diagnoses were not discussed in the clinical notes submitted. Current diagnoses included depression, lumbosacral spondylitis and lumbosacral disc degeneration. The most recent subjective complaints included chronic back pain, major depression symptoms (depressed mood, crying spells, anhedonia, low energy, agitation & irritability, sleep & appetite disturbance, feelings of helplessness, hopelessness, inappropriate guilt, fatigue, anger outburst, impaired ability to concentrate, and social isolation), sleep disturbance (apnea), and panic attacks. Objective findings included elevated blood pressures, severe limp with ambulation using a cane, and depressed-anxious mood. Per the last progress report from the chronic pain clinic (06/10/2014), examination of the low back and lower extremities revealed minimally decreased range of motion (ROM) with active flexion and extension, and right and left rotation. Discomfort was noted. There was noted tenderness along the lower lumbar facets in the paralumbar musculature without spasms, positive facet provocation bilaterally (right greater than the left), negative straight leg raises bilaterally, negative Lasegue's and Faber test bilaterally, no sacroiliac joint tenderness on palpation, and negative Gillets and Fortin finger tests bilaterally. Treatment to date has included bilateral Rhizotomy at the L3, L4, dorsal ramus, L5, and ascending branch dorsal ramus S1 (05/2013), left SI joint steroid injection (06/2013), oral and topical medications, and psychological evaluations. Diagnostic testing was not submitted or discussed in the clinical notes provided. The clinical documentation submitted did not include evaluations and findings for the right shoulder. The request for authorization for the disputed issues was not submitted; therefore the reason for the request could not be established. However, the UR report discussed shoulder findings that included right shoulder impingement and reoccurring right shoulder pain. The UR report stated

that the injured worker had received prior steroid injections to the right shoulder with significant relief; however, no other prior treatments were noted for the shoulder. Treatments in place around the time the arthroscopic coracoplasty was requested included medication management. The injured worker's pain was noted to be reoccurring but there were no objective findings to indicate any worsening or improvement in pain. Functional deficits and activities of daily living were impaired due to chronic pain and depression; however, changes (improvement or worsening) could not be established. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. On 10/29/2014, Utilization Review non-certified a prescription for an arthroscopic coracoplasty which was requested on 10/22/2014. The arthroscopic coracoplasty was non-certified based on the absence of failed recent conservative treatment and absence of diagnostic imaging. The MTUS and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of arthroscopic coracoplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic coracoplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter <http://www.wheelsonline.com/ortho/10958> <http://www.ncbi.nlm.nih.gov/pubmed/12861205>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation ODG shoulder chapter

Decision rationale: This patient does not meet criteria for shoulder surgery at this time. Specifically the medical records do not document a recent trial and failure of conservative measures to include physical therapy. The medical records do not document any red flag indicators for immediate shoulder surgery such as significant loss of motion or weakness. Additional conservative measures are medically necessary at this time for the patient's degenerative shoulder pain. Shoulder surgery at this time is not medically necessary. Guidelines are not met.