

Case Number:	CM14-0203677		
Date Assigned:	01/30/2015	Date of Injury:	10/09/2000
Decision Date:	03/19/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Neurological Surgery

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 54 year old male has a date of injury of 10/09/2000 after he jackknifed his truck and the driver's seat came loose. He had ongoing complaints of left shoulder and low back pain. The disputed request for authorization is for left shoulder arthroscopy and a transforaminal interbody fusion L3-5. The PR2 note of 10/16/74 discusses a treatment plan for the worker's shoulder but makes no mention of lumbar complaints or the necessity of surgery on the lumbar spine. The PR2 10/20/2014 provides information about the request for the lumbar fusion. Objective evidence to support the shoulder operation outlined in paragraph one of the treatment plan is not provided. Documentation in the worker's exam on 10/20/20 does not show evidence of lumbar instability or progressive neurological loss. The PR2 notes 01/07/2014, 12/01/2014 and 10/16/2014 refer to the MRI scan of the shoulder on 12/17/2014 as showing shoulder impingement which was not validated by the report. The PR2 from the physical therapist (01/9/15) notes the worker has lost his house and is sleeping in his car. This is not further commented on. His sitting posture was noted to be terrible, but his straight leg raising test and slump test was negative. His deep tendon reflexes were intact. His lumbar spine flexion was at 50%, extension 75%. Sensation was not commented on. In the history obtained on 10/20/2014 it was noted the worker takes several medications a day, has had multiple sessions of physical therapy and two lumbar injections with minimal relief but further details as to dosage, frequency or characterization of exercise or therapy is not provided. No psychological assessment is provided. Evidence is not provided that all nonsurgical therapy has failed. The exam does not document his straight leg raising test, Patrick's maneuver, Trendelenberg's test or compression

tests. The worker is described as having severe narrowing of L3-4, L4-5 with spondylolisthesis which is not corroborated in the MRI report. The PR2 of 06/04/14 notes a shoulder injection but the followup PR2 of 07/16/2014 makes no mention of the injection or its efficacy. The examination does not record range of motion but does state the 90 degree crossover test was negative in the presence of positive Hawkins and Apley's tests. Documentation does not record muscle strength to determine progress. Details of a home exercise program are not provided. Medication use and response is not provided. Diagnoses on 01/07/2015 were Median and ulnar nerve neuropathy on NCVs-12/23/2014, shoulder impingement + per MRI 12/17/2013, acromioclavicular cartilage disorder, subacromial/subdeltoid bursitis, extreme left shoulder pain exacerbation, lumbar spine multifocal disc protrusions and spinal stenosis+/- MRI scan 10/28/2014. Utilization review denied the requested shoulder arthroscopy and lumbar transforaminal interbody fusions along with associated tests and services.

IMR ISSUES, DECISIONS AND RATIONALES

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

arthroscopy of left shoulder between 10/16/2014 and 12/28/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder-Surgery for impingement syndrome; impingement tests; Criteria-objective clinical findings.

Decision rationale: Documentation does not provide estimate of infraspinatus muscle strength or whether subacromial bursa injection was helpful in reducing pain. Documentation does not provide a description of a painful arc of movement test which would further support the diagnosis of an impingement syndrome. MRI scan does not describe pathology in the acromioclavicular joint and the muscles of the shoulder are described as being normal. Criteria for surgery are not met.

PFT between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

transportation between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Keflex 500 mg. #20 between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco (Hydrocodone/APAP tabs (C111) 5/325 mg. #60 between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ultram (Tramadol HCL tabs) 50 mg. #60 between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EKG between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

physiotherapy - left shoulder, 12 sessions between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

acupuncture - left shoulder, 12 sessions between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TENS unit plus supplies between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DVT compression pump with sleeves between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Micro Cool therapy product between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

shoulder abduction brace for left shoulder between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

home exercise kit for shoulder between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

psych clearance between 10/16/2014 and 12/28/2014: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.