

Case Number:	CM15-0004550		
Date Assigned:	01/15/2015	Date of Injury:	01/31/2013
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 63-year-old female who reported an injury on 01/31/2013 after lifting a cardboard box of cantaloupes. The injured worker reportedly sustained an injury to her right shoulder, and cervical spine. The injured worker's treatment history included medications, assisted ambulation, trigger point injections, physical therapy, aquatic therapy, and a home exercise program. The injured worker was evaluated on 08/28/2014. It was documented that the injured worker had severely restricted range of motion in all planes of the cervical spine. It was noted that there were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal musculature. The injured worker had a positive impingement sign on the right side and a positive McMurray's and Apley's test bilaterally. The injured worker had decreased sensation to pinprick in the lateral aspect of the right arm and decreased strength in the right hand rated at a 4/5. The injured worker's diagnoses were noted to be bilateral carpal tunnel syndrome; mild right ulnar nerve entrapment; chronic myofascial pain syndrome; sprain injury of the bilateral shoulders; and sprain injury of the left knee. The injured worker's treatment plan included continuation of medications, a home exercise program, aquatic therapy, and deep breathing meditation exercises. A request was made for right shoulder arthroscopy with possible arthrotomy with repair of the rotator cuff. This request was previously denied and received an adverse determination due to a lack of conservative treatment. No Request for Authorization was submitted to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with possible arthrotomy with repair of the rotator cuff:

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): 209-210.

Decision rationale: The requested right shoulder arthroscopy with possible arthrotomy and repair of the rotator cuff is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has signs and symptoms consistent with the diagnosis, that has failed to respond to multiple modalities of conservative treatment. However, the American College of Occupational and Environmental Medicine recommends surgical intervention for shoulder injuries to be supported by pathology identified on an imaging study. The clinical documentation does not include an imaging study to support the surgical request. Furthermore, the clinical documentation does not provide an updated clinical note that includes surgical intervention in the treatment plan. Therefore, surgery would not be supported in this clinical situation. As such, the requested right shoulder arthroscopy with possible arthrotomy with a repair of the rotator cuff is not medically necessary or appropriate.

Left knee arthroscopic surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 343-345.

Decision rationale: The requested left knee arthroscopic surgery is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for the knee be supported by signs and symptoms consistent with a diagnosis that significantly impacts the injured worker's functionality supported by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has attempted conservative treatment. However, there is no imaging study provided to support the request. Additionally, there is no updated clinical evaluation of the injured worker with a treatment plan of left knee arthroscopy. Therefore, the surgical request would not be supported in this clinical situation. As such, the requested left knee arthroscopic surgery is not medically necessary or appropriate.

Follow up appointment in 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Office Visits.

Decision rationale: The requested followup appointment in 8 weeks is not medically necessary or appropriate. Official Disability Guidelines recommend evaluation and treatment of injuries. However, the clinical documentation submitted for review does not provide any updated information to support deficits that would require followup appointments. As such, the requested followup appointment in 8 weeks is not medically necessary or appropriate.