

Case Number:	CM15-0008538		
Date Assigned:	01/30/2015	Date of Injury:	06/21/2012
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 52-year-old female, who sustained a work related injuries on 6/21/01 and 5/1/13. The diagnoses have included shoulder and arm sprain, shoulder and upper arm injury, lateral epicondylitis, and sprain of the wrist. Conservative treatments to date have included right elbow injections with temporary benefit, shoulder injection, occupational therapy, acupuncture treatments, work restriction, activity modification, and oral medications. The 2/20/13 electrodiagnostic studies were reported as normal. The 4/1/14 right shoulder and elbow x-rays were reported within normal limits. The 12/9/14 treating physician report cited persistent right shoulder and elbow pain which markedly limited her activities of daily living, and decreased grip strength. Pain was aggravated with lifting, carrying, pushing/pulling, reaching at and above shoulder height, and repetitive activities. Physical exam documented decreased right shoulder flexion and abduction to 120 degrees and positive impingement and apprehension signs. There was decreased right elbow range of motion, tenderness over the right lateral epicondyle, and positive Cozen's sign. The diagnosis was right shoulder sprain/strain, impingement syndrome, and rotator cuff tear, right elbow lateral epicondylitis, and right wrist sprain, with probable triangular fibrocartilage complex tear. The treating physician stated the 11/14/13 right shoulder MRI showed a partial tear of the rotator cuff tendon near its insertion at the humeral head with ganglion cyst noted adjacent to the posterior aspect of the glenohumeral joint space. The treatment plan recommended right shoulder subacromial decompression and right lateral epicondylar release. On 12/15/14, Utilization Review non-certified a request for right lateral epicondylar release and right shoulder arthroscopy as there were no diagnostic imaging results

provided to corroborate the diagnoses. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBACROMIAL DECOMPRESSION: Overturned

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): 211. Decision based on Non-MTUS Citation Shoulder: Surgery for impingement syndrome

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have been met. The patient presents with persistent function-limiting right shoulder pain. Clinical exam and reported imaging evidence are consistent with rotator cuff pathology and impingement syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including injection, and failure has been submitted. Therefore, this request for right shoulder arthroscopy with subacromial decompression is medically necessary.

RIGHT LATERAL EPICONDYLAR RELEASE, RIGHT SHOULDER ARTHROSCOPY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

Decision rationale: The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3 - 4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Guideline criteria have not been met. The patient presents with persistent function-limiting right elbow pain. Clinical exam findings are consistent with the diagnosis of lateral epicondylitis. Detailed evidence of a recent, reasonable,

and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request for right lateral epicondylar release is medically necessary.