MAXIMUS Federal Services

Case Number:	CM15-0104268		
Date Assigned:	06/08/2015	Date of Injury:	03/01/2013
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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 55-year-old female who sustained an industrial injury on 3/1/13. Injury was reported relative to cumulative trauma with repetitive lifting of a home health client in and out of bed. There was no documentation in the records relative to prior treatment or diagnostic studies. The 3/24/15 treating physician report cited complaints of low back and bilateral shoulder pain. There was no new numbness and tingling, no loss of bowel or bladder control, and no new pain complaints. Sensation was reported intact over the left upper extremity. The diagnosis was lumbar spine disc rupture, right shoulder strain, and left shoulder internal derangement. The treatment plan recommended left shoulder surgery, lumbar epidural steroid injection, aquatic therapy 2x6 for the low back, and shoulders, and pain management, psyche, and upper extremity orthopedic specialist consults. The injured worker was to remain off work for 6 weeks. The 5/19/15 utilization review non-certified the requests for left shoulder surgery as no procedure was listed and no MRI report was presented. The request for lumbar epidural steroid injection was non-certified as no level was listed and no MRI report was presented. The requests for the psyche and orthopedic upper extremity specialist consults were non-certified as there was no medical necessity established in the presented documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder surgery (no procedures indicated): 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): 209-211.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have not been met. This injured worker presents with bilateral shoulder pain. There is no documentation of clinical exam or imaging findings to support the medical necessity of this request. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Lumbar epidural steroid injections (no levels indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Guideline criteria have not been met. This injured worker presents with low back pain. There is no documentation of radicular pain. There is no documentation of clinical findings or corroborating imaging evidence of radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Psyche consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The California MTUS guidelines recommend the use of psychological evaluation to determine if further psychosocial interventions are indicated. Guideline criteria have not been met. There is no compelling rationale presented to support the medical necessity of this request. There is no documentation of a psychological complaint or evidence of delayed recovery. Therefore, this request is not medically necessary.

Orthopedic consultation with an upper extremity specialist: 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 California MTUS guidelines state that referral for surgical consultation for the shoulder is indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young workers, glenohumeral dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; 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. Guideline criteria have not been met. This injured worker presents with bilateral shoulder pain. There is no documentation of clinical exam or imaging findings to support the medical necessity of this request. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.