MAXIMUS Federal Services

Case Number:	CM15-0109961		
Date Assigned:	06/22/2015	Date of Injury:	10/08/2008
Decision Date:	09/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, Oregon
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 male, who sustained an industrial injury on 10/8/08. He reported initial complaints of mid and low back pain. The injured worker was diagnosed as having pain in the limb; disorders of the bursae and tendons in shoulder region unspecified. Treatment to date has included physical therapy; acupuncture; TENS unit; psychotherapy; medications. Diagnostics included EMG/NCV study upper extremities (10/21/14); MRI lumbar spine without contrast (4/21/15). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker returns for a follow-up of right knee pain. His symptoms are unchanged since his last visit. Synvisc has not yet been approved. He is having too much swelling to wear his brace. He takes Norco, Mobic, and Neurotin for pain. The provider notes a small effusion with continued swelling throughout the fat pad. His range of motion is from 0-90 degrees and painful. He has moderate joint line tenderness, medial is greater than laterally, and remains tender throughout the fat pad and patella tendon. This note treatment plan indicates a request for Synvisc injection and physical therapy which past authorizations have been denied. PR-2 note dated 4/9/15 indicated the visit was with a hand surgeon and the injured worker is 12 weeks status post left elbow submuscular ulnar nerve transposition. The examination revealed the incision is well healed and he will begin a course of therapy and then work conditioning for strengthening. PR-2 notes dated 4/8/15 are relevant to psychotherapy and cognitive behavioral therapy focusing on management of pain, anxiety, and depressed mood. The treatment plan included recommendations for 10 sessions. The PR-2 notes dated 4/28/15 indicated the injured worker come in as a follow-up for his left shoulder complains of pain that have worsened as a result of the left elbow surgery. The

MUE has not been approved and his pain medications have not been allowed; so the injured worker is paying for them out of pocket. On physical examination, the left shoulder is moderately tender throughout the shoulder, most significant at the anterolateral acromion, pectoralis tendon, posterior deltoid and bicipital groove. Active flexion is to 90 degrees passive is 90 degrees), external rotation is 40 degrees, internal rotation to the gluteals and abduction 90 degrees. He has moderate pain with range of motion but no weakness with stressing the rotator cuff. O'Brien's testing is painful. The provider notes recent ulnar nerve surgery and wearing the sling has caused a flare-up of the shoulder. The provider is requesting Left shoulder MUA and arthroscopy; medical clearance; PT/INR; PTT; BMP, CBC; EKG and post-operative physical therapy w times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In this case there is no recent imaging evidence of surgical pathology in the shoulder to warrant arthroscopy. The request is not medically necessary.

MUA of left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for adhesive capsulitis. Per ODG shoulder section, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA). The requested procedure is not recommended by the guidelines and therefore is not medically necessary.

Associated surgical service: Medical clearance: 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.

Post-op physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: PT/INR/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.