MAXIMUS Federal Services

Case Number:	CM15-0137166		
Date Assigned:	07/27/2015	Date of Injury:	08/13/2012
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 64 year old female, who sustained an industrial injury on August 13, 2012. The mechanism of injury was not found in the medical records. The injured worker has been treated for neck and bilateral shoulder complaints. The diagnoses have included mild carpal tunnel bilaterally, cervical strain, mild impingement of the shoulder bilaterally, cervical radiculitis, right shoulder and right wrist sprain-strain injury and rotator cuff tear. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, sling and a psychiatric evaluation. The injured worker was not working. Current documentation dated June 8, 2015 notes that the injured worker reported neck and bilateral shoulder pain, difficulty sleeping due to pain and that at times feeling very bad. The subjective complaints were noted to be unchanged. Objective findings were also noted to be the same. The injured worker was noted to be dropping objects. Subsequent documentation (2/9/2015 and 4/13/2015) notes the same subjective complaints and no change in objective findings. The treating physician's plan of care included requests for right shoulder surgery (unspecified), right wrist surgery (unspecified) and Transdermal ointment (unspecified) # 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

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

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In this case the target of the surgery is not specified. The request is not medically necessary.

Right wrist surgery (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. In this case, no target of surgical treatment is specified. The request is not medically necessary.

Transdermal ointment (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". In this case, the ingredients are not specified, so the request is not medically necessary.