

Case Number:	CM15-0137916		
Date Assigned:	07/27/2015	Date of Injury:	03/14/2010
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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: Minnesota, Florida

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:

This 48 year old female sustained an industrial injury to the neck, back wrists and shoulder on 3/14/10. Electromyography bilateral upper extremities (2014) showed right median nerve compression on the carpal tunnel. Previous treatment included physical therapy, injections, bracing, ice and medications. In a follow-up evaluation dated 6/30/15, the injured worker complained of persistent neck, low back, bilateral wrist and shoulder pain. Physical exam was remarkable for right shoulder with tenderness to palpation, limited range of motion with discomfort, decreased strength and positive impingement and Hawkin's signs and right wrist with tenderness to palpation at the carpal tunnel with positive Phalen's reverse Phalen's and Tinel's. The physician stated that magnetic resonance imaging showed Magnetic resonance imaging bilateral shoulders (7/12/12) showed a near full thickness tear of the rotator cuff, supraspinatus tendinopathy with a small amount of fluid in the subacromial and subdeltoid bursa associated with bursitis and acromioclavicular joint arthropathy. The physician noted that the injured worker had failed conservative treatment. The injured worker had numbness and tingling with activities and repetitive motion, weakness and limited range of motion in the shoulder. Current diagnoses included discogenic lumbar condition with disc herniation, discogenic cervical condition with disc bulge and radiculopathy, right shoulder impingement syndrome with bicipital tendonitis and partial rotator cuff tear, left knee internal derangement, bilateral care, chest wall contusion, chronic pain syndrome, depression, sleep disorder and gastrointestinal irritation. The treatment plan included requesting authorization for medications (Naproxen Sodium, Protonix and Norco), right shoulder arthroscopic decompression, modified Mumford procedure and evaluation of labrum and biceps and right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder arthroscopic decompression, modified Mumford procedure, evaluation of labrum and biceps tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Surgery for impingement syndrome (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Partial claviclectomy, labral tears.

Decision rationale: California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. For small rotator cuff tears, partial-thickness tears, inflammation and impingement syndrome, 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program is recommended. Although the injured worker has had physical therapy in the past, there is no recent evidence of 3-6 months of physical therapy combined with corticosteroid injections as part of an exercise rehabilitation program with trial/failure as recommended by guidelines.. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy. ODG guidelines recommend a similar trial of conservative treatment for acromioclavicular arthritis prior to a Mumford procedure. For labral tears, and biceps tenodesis a similar conservative treatment protocol is recommended prior to surgical considerations. The documentation provided does not indicate a recent 3-6 months of an exercise rehabilitation program with corticosteroid injections. As such, the request for arthroscopy with subacromial decompression, labral repair and Mumford procedure is not medically necessary.

One right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome (Acute & Chronic): Carpal tunnel release surgery (CTR) (2014).

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

Decision rationale: California MTUS guidelines indicate surgical considerations for a carpal tunnel release depend on the confirmed diagnosis of the presenting hand or wrist complaints. Surgery is indicated in the presence of 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. The guidelines indicate the necessity of an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. Patients with mild symptoms display the poorest post surgery results. The diagnosis must be confirmed by positive findings on clinical examination and nerve conduction tests before surgery is undertaken. In this case the nerve conduction study is not currently available.

The progress notes indicate the presence of carpal tunnel syndrome but the severity of the same is not documented. As such, the guideline necessitated indications for surgery have not been met and the request is not medically necessary.

90 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: With regard to the prescription for Norco, the guidelines indicate an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. If there is no overall improvement in function, opioids should be discontinued. The documentation does not indicate improvement in function from opioid therapy. As such, the guidelines suggest weaning. A slow taper is suggested per guidelines. The request for Norco 10/325 mg #90 is not medically necessary.