

<b>Case Number:</b>	CM15-0149537		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

This injured worker is a 47-year-old female who sustained an industrial injury on 9/5/13. She reported continuous trauma type injuries to the neck, mid and low back, shoulders, elbows, wrists, hands, knees, feet and ankles. Diagnoses include bilateral shoulder impingement syndrome and rotator cuff tears, cervical strain with degenerative disc disease, lumbar strain with degenerative disc disease, left carpal tunnel syndrome, bilateral wrist triangular fibrocartilage tears, and right knee meniscal tear. Treatments to date include activity modification, medication therapy, physical therapy, and psychotherapy. The 5/27/15 treating physician report indicated that the injured worker had difficulty remembering details regarding her past medical treatment due to the amount of time that had elapsed and memory difficulties. She reported moderate to severe pain in both shoulders radiating to her arms and hands with numbness and tingling, right greater than left. Pain increased with reaching, moving her arm backwards or lifting her arm above shoulder level. She had difficulty sleeping and awakens with pain and discomfort. She reported frequent moderate to severe hand pain with numbness and tingling, slightly greater on the right. She reported cramping and weakness in her left hand and had dropped several objects. Pain increased with gripping, grasping, flexing/extending, rotating and repetitive hand and finger movements. She had difficulty sleeping and awakens with pain and discomfort. Medications help alleviate pain slightly. Bilateral shoulder exam documented full range of motion, 4/5 weakness in flexion, abduction, and external rotation, no tenderness, and positive impingement signs. Left wrist exam documented full range of motion, and tenderness over the distal ulna region over the triangular fibrocartilage region. Phalen's was positive on the left. Grip strength was 17/17/15 kg

right and 12/10/9 kg left. X-rays of the shoulders and left wrist and hand were normal. Review of the qualified medical examiner report and the imaging studies revealed significant pathology in multiple areas. The plan of care included bilateral shoulder arthroscopic surgeries, right knee arthroscopy, left carpal tunnel release, and bilateral wrist arthroscopies with triangular fibrocartilage repairs. The 7/7/14 utilization review certified the requests for right knee arthroscopy, and right wrist arthroscopy with triangular fibrocartilage repair. Authorization was requested for left shoulder rotator cuff repair, intra-articular surgery, and subacromial decompression, right shoulder rotator cuff repair, intra-articular surgery, and subacromial decompression; and left carpal tunnel release, left wrist scope, and left triangular fibrocartilage repair. The 7/7/14 utilization review non-certified the request for left and right shoulder surgeries as there was no imaging evidence to support the request for surgery. The request for left carpal tunnel release as there was no documentation of conservative treatment including bracing or injection. The request for left arthroscopy and left triangular fibrocartilage repair as no imaging relative to the left wrist was provided and no conservative treatment documented.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Rotator cuff repair-left shoulder, left intra articular surgery, left subacromial decompression:** Upheld

**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): 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. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have not been met. This injured worker presents with complaints of moderate to severe bilateral shoulder pain radiating to her arms and hands. Functional difficulty was noted with reaching, moving her arm backward, or lifting her arm overhead. Clinical exam findings documented weakness and positive impingement signs. However, there is no imaging documentation available for review. Additionally, detailed evidence of 3 months 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 at this time.

**Rotator cuff repair - right shoulder, right intra articular surgery, right subacromial decompression:** Upheld

**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): 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. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have not been met. This injured worker presents with complaints of moderate to severe bilateral shoulder pain radiating to her arms and hands. Functional difficulty was noted with reaching, moving her arm backward, or lifting her arm overhead. Clinical exam findings documented weakness and positive impingement signs. However, there is no imaging documentation available for review. Additionally, detailed evidence of 3 months 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 at this time.

**Carpal tunnel release - left wrist, left wrist scope, left triangular fibrocartilage repair:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 11 Hand, Wrist and Forearm Disorders (Update 2009), page(s) 80-81.

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Relative to the left wrist arthroscopy and triangular fibrocartilage complex repair, the California MTUS guidelines state that surgical consideration may be indicated for patients who fail 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. The ACOEM guidelines state that surgical repair of subacute or chronic triangular fibrocartilage complex tears is recommended for patients with instability, concomitant fractures or symptoms that persist without trending towards resolution despite non-operative treatment for 3 to 6 weeks. Guideline criteria have not been met. This injured worker presents with frequent moderate to severe hand pain with numbness and tingling. She reported left hand cramping, weakness, and dropping things. There was a positive Phalen's sign and tenderness to palpation over the triangular fibrocartilage region and distal ulna. However, there are no electrodiagnostic or imaging findings evidencing left carpal tunnel release or a triangular fibrocartilage complex tear. Additionally, detailed evidence of 3-6 months 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 at this time.