

Case Number:	CM15-0160260		
Date Assigned:	08/26/2015	Date of Injury:	04/06/2012
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, Oregon, Washington
 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 55 year old male sustained an industrial injury to the neck, back, elbows and shoulders on 4-6-12. Previous treatment included right shoulder arthroscopy with subacromial decompression and rotator cuff repair (2-11-15), postoperative physical therapy, medications, acupuncture, and chiropractic therapy. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5-22-15, the injured worker complained of pain to the neck, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees and bilateral feet, rated 5 out of 10 on the visual analog scale. The injured worker also complained of headaches and stomach problems associated with nervousness. Physical exam was remarkable for cervical spine with tenderness to palpation at the occipitus, trapezius, levator scapula, splenius, scalene and sternocleidomastoid muscles with decreased range of motion, positive bilateral cervical distraction and cervical compression tests, bilateral shoulder with tenderness to palpation, restricted range of motion and positive Neer's, Kennedy Hawkin's and Speeds tests, bilateral elbows with decreased range of motion and positive Cozen's sign and bilateral wrists with tenderness to palpation, decreased range of motion and positive Tinel's, Phalen's and Flicker tests. Current diagnoses included cervical spine multilevel herniated nucleus pulposus, cervical spine degenerative disc disease, cervical spine radiculopathy, bilateral shoulder impingement, bilateral shoulder rotator cuff tear, bilateral shoulder tenosynovitis, bilateral shoulder acromial joint osteoarthopathy, bilateral elbow sprain and strain, right elbow lateral epicondylitis, thoracic spine herniated nucleus pulposus, thoracic spine degenerative disc disease, lumbar spine pain, lumbar spine radiculopathy, lumbar spine herniated nucleus pulposus, right knee chondromalacia, right knee

osteoarthritis, bilateral plantar fasciitis, anxiety, mood disorder, sleep disorder, headaches and abdominal discomfort. The treatment plan included a pain management consultation for cervical spine, lumbar spine and thoracic spine epidural steroid injections, continuing medications (Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream), a referral to an orthopedic surgeon for a consultation regarding the shoulders, wrists and knees, a psychological pain consultation, a course of Localized Intense Neurostimulation Therapy, a course of chiropractic therapy and a course of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro US guidance placement imaging supervise and interpretation: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, regarding postoperative pain pumps.

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 addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 5/26/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 5/26/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is not medically necessary for the requested procedure. CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed randomized, controlled studies with small populations. In addition, there are concerns regarding chondrolysis in the peer reviewed literature with pain pumps in the shoulder postoperatively. As the guidelines and peer reviewed literature does not recommend pain pumps, the determination is for non-certification.

Retro interscalene injection anesthetic AGT; brachial plexus single: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, regarding postoperative pain pumps.

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 addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 5/26/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 5/26/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is medically necessary for the requested procedure. CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed randomized, controlled studies with small populations. In addition there are concerns regarding chondrolysis in the peer reviewed literature with pain pumps in the shoulder postoperatively. As the guidelines and peer reviewed literature does not recommend pain pumps, the determination is for non-certification.