MAXIMUS Federal Services

Case Number:	CM15-0165083		
Date Assigned:	09/02/2015	Date of Injury:	02/04/2013
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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 55-year-old female who sustained an industrial injury on 2/4/13. Injury occurred when she was assaulted during a robbery. The 5/21/13 left shoulder MRI impression documented a moderate degree of fluid in the subacromial bursa compatible with subacromial bursitis. There was supraspinatus tendinosis with reactive peritendinitis. There was no frank rotator cuff tear. The 7/2/13 electrodiagnostic study documented no electrophysiologic evidence of lower extremity radiculopathy. The 7/3/13 lumbar spine MRI impression documented a 3.5 mm posterior disc bulge at L3/4 with thecal sac indentation. At L4/5, there was a central posterior disc protrusion with annular tear. At L5/S1, there was a 3 mm posterior disc bulge with thecal sac indentation and mild facet arthropathy. The 8/6/15 treating physician report cited persistent left shoulder pain with significant limitation in range of motion. Physical exam documented biceps and AC joint tenderness, and positive impingement signs. Left shoulder range of motion was flexion 120, abduction 110, internal rotation 25, and external rotation 20 degrees. There was imaging evidence of impingement tendonitis. Conservative treatment included physical therapy, home exercise program, chiropractic treatment, and left shoulder corticosteroid injection with temporary benefit. The treatment plan recommended subacromial decompression for impingement syndrome and additional treatment, including Mumford and/or rotator cuff repair, if pathology is found at the time of surgery. Relative to the low back, the injured worker had persistent low back pain radiating into the left lower extremity. Physical exam documented restricted lumbar range of motion, and positive left straight leg raise. Lower extremity neurologic exam documented normal sensation and strength. There was diagnostic

evidence of multilevel disc herniations of the lumbar spine. He had failed to improve despite medication, physical therapy, chiropractic, and home exercise program. Lumbar epidural steroid injection at L4/5 was recommended. Authorization was requested for left shoulder arthroscopy with acromioplasty, possible Mumford procedure and possible rotator cuff repair, and lumbar epidural steroid injection (ESI) at left L4/5. The 8/17/15 utilization review non-certified the request for left shoulder arthroscopy with acromioplasty, possible Mumford procedure and possible rotator cuff repair as there was no recent MRI or indication of pathology to warrant a Mumford procedure, no recent documentation of a comprehensive left shoulder exam, and no indication of recent conservative treatment. The request for left L4/5 lumbar epidural steroid injection was non-certified as there were no neurologic deficits on physical exam, no imaging evidence of nerve compromise at the L4/5 level, and no electrophysiologic evidence to support motor radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with acromioplasty, possible Mumford procedure and possible rotator cuff repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome; Surgery for rotator cuff repair; Partial claviculectomy.

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. The Official Disability Guidelines provide more specific indications for impingement syndrome and partial thickness rotator cuff repairs that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. Guideline criteria for partial claviculectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. This injured worker presents with persistent function-limiting left shoulder pain with limited range of motion. Clinical exam findings are consistent with reported imaging evidence of impingement syndrome. Detailed

evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Possible surgical intervention at the level of the rotator cuff and AC joint is reasonable as rotator cuff and AC joint pathology may be confirmed at the time of impingement surgery. Therefore, this request is medically necessary.

Lumbar epidural steroid injection (ESI) at left L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Guideline criteria have not been met. This injured worker presents with persistent lower back pain radiating into the left lower extremity. There is no documentation of a specific dermatomal pattern or clinical exam finding consistent with a focal neurologic deficit to support radiculopathy at the level of L4/5. There is imaging evidence of multilevel disc herniations with no evidence of nerve root compression at the L4/5 level. There is no electrodiagnostic evidence of radiculopathy. Therefore, this request is not medically necessary at this time.