MAXIMUS Federal Services

Case Number:	CM15-0024419		
Date Assigned:	02/13/2015	Date of Injury:	09/27/2011
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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
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 30 year old male who sustained an industrial injury on 9/27/11. The injured worker reported symptoms in the right shoulder and left knee. The diagnoses included right shoulder superior labrum anterior and posterior tear. Treatments to date include oral pain medications and activity modification. In a progress note dated 12/16/14 the treating provider reports the injured worker was with "popping and clicking in his left knee" right shoulder physical examination revealed "tenderness and pain with hyperabduction on forward flexion and abduction.". MRI left knee of 11/12/14 demonstrates normal appearance for age. MRI of the right shoulder 7/17/12 demonstrates right shoulder bursitis. Exam note from 12/16/14 demonstrates full range of motion. Pain in the shoulder was noted with hyper abduction. Range of motion of the knee was noted to be 0-125 degrees. Pain was noted medially with squatting. On 1/8/15 Utilization Review non-certified the request for right shoulder arthroscopy with possible labral repair, left knee arthroscopy with partial meniscectomy, and left knee injection of lidocaine, Marcaine, and kenalog under ultrasound guidance. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with possible labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web) 2014, Shoulder Chapter, Surgery for SLAP lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Labral tear surgery.

Decision rationale: 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. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis.In this case there is insufficient evidence to warrant labral repair secondary to lack of physical examination findings from 12/16/14 and lack of findings on the MRI of the right shoulder from 7/17/12, Therefore determination is for non-certification.

Left knee arthroscopy with partial menisectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Meniscectomy.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion)According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 12/16/14 and the MRI of the knee from 11/12/14 do not demonstrate evidence of a meniscus tear. Therefore the determination is for non-certification.

Left knee injection of lidocaine, marcaine, and kenalog under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web) 2014, Knee and Leg chapter, Corticosteroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337,346.

Decision rationale: CA MTUS/ACOEM Chapter 13, pages 337, 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes from 12/16/14 do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant cortisone injection. The request therefore is not medically necessary and appropriate.