

Case Number:	CM15-0026440		
Date Assigned:	02/18/2015	Date of Injury:	07/17/2013
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/11/2015

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 61-year-old female sustained a work related injury on 7/17/13, due to repetitive motion. The patient underwent right shoulder arthroscopy with rotator cuff repair, subacromial decompression, and biceps tenotomy on 4/25/14. She was diagnosed with a neuroma at the anterior portal and ice was prescribed. The 12/4/14 treating physician report documented a diagnostic injection over the anterior shoulder portal with no pain after injection. The 1/7/15 orthopedic report indicated that the patient had improved function following right shoulder surgery but had pain at times over the anterolateral shoulder. Physical exam documented healed right shoulder incision with tenderness to palpation over the anterior portal incision. There was no palpable mass. Active right shoulder range of motion was flexion 130, degrees, external rotation 30 degrees, and internal rotation to L3. Strength was 4+/5 in abduction, external rotation, and internal rotation. The treating physician report opined that some of the soreness was related to weakness and he stress the importance of continued strengthening. The treatment plan included ice. A steroid injection was provided to the right shoulder. A hand surgery consult was recommended for trigger finger release evaluation and neuroma excision of the anterior shoulder portal. On 1/21/15, utilization review non-certified neuroma excision right shoulder anterior portal. The rationale indicated that there was no documentation that conservative treatment, other than ice, had been provided for the right shoulder portal tenderness. Guidelines referenced for this request included Official Disability Guidelines and CA MTUS. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroma excision Right Shoulder Anterior Portal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neuroma Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Neuroma treatment

Decision rationale: The California MTUS guidelines do not address neuroma excision. The Official Disability Guidelines generally recommended non-operative treatment before any surgical intervention. Guidelines state that conservative therapies such as desensitization and physical therapy should be attempted. Surgical management may be considered after 3 months of failed conservative treatment. Guideline criteria have not been met. Detailed evidence of up to 3 months of a recent, reasonable and/or comprehensive guideline-recommended non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.