

Case Number:	CM15-0042283		
Date Assigned:	03/12/2015	Date of Injury:	12/05/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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 29-year-old male, who sustained an industrial injury on 12/5/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar degenerative disc disease with annular tear at lumbar 4-5, coccyx pain, lumbar radiculopathy, lumbosacral neuritis, status post lumbar fusion at lumbar 5-sacral 1, thoracic sprain, and internal derangement of the knee, rotator cuff syndrome and cervical degenerative disc disease. Treatment to date has included surgery, therapy and medication management. Currently, a progress note from the treating provider dated 1/22/2015 indicates the injured worker reported neck pain, right shoulder pain, mid and low back pain that radiates to the bilateral lower extremities, left upper extremity pain, right knee pain and decreased pain in the left knee and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right shoulder open decompression and rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for rotator cuff repair.

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 1/22/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 1/22/15 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.

Two (2) injections to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Trigger point injections, epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." In this case, the exam notes from 1/22/15 demonstrate no evidence of myofascial pain syndrome. Therefore, the determination is not medically necessary.