

Case Number:	CM15-0044389		
Date Assigned:	04/13/2015	Date of Injury:	04/22/2009
Decision Date:	05/12/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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, Hand Surgery, Sports Medicine

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 55 year old male with pain in his neck, upper back, lower back and all 4 extremities attributed to the cumulative effects of work activities in 2009. Evaluation has included MRI of the right wrist, MRI of the cervical spine, MRI of the left shoulder, MRI of the right shoulder, repeat electrodiagnostic testing and x-rays. Treatment has included June 15, 2009 right carpal tunnel release, June 18, 2010 redo right carpal tunnel release, June 20, 2011 left carpal tunnel release, February 6, 2012 right index and long trigger finger releases, right shoulder and wrist injections, therapy, electrical stimulation, wrist and lumbar braces, Anaprox, Prilosec, and Norco, Ultram, Flexeril, Terocin, shock wave, acupuncture. Diagnoses include sprain/strain both wrists, sprain/strain both hands, internal derangement wrist/hand, sprain/strain cervical, cervical intravertebral disc displacement, thoracic sprain/strain, lumbar sprain/strain, lumbar intravertebral disc displacement, sprain/strain shoulder, internal derangement of joint shoulder region, sleep disturbance, acute reaction to stress, anxiety, insomnia, cervical radiculitis/radiculopathy, herniated cervical disc C5-C6, C4-C5, C6-C7, acromioclavicular joint arthritis, left elbow sprain/strain, right elbow sprain/strain, left shoulder sprain/strain. A physician progress note dated 02/02/2015 documents the injured worker his pain in his shoulders and rates it as 5 out of 10 on the Visual Analog Scale. He also has pain in his bilateral wrists, neck and low back. Right shoulder range of motion is restricted. There is tenderness of the greater tuberosity of the humerus. There is subacromial grinding and clicking. There is tenderness of the rotator cuff muscles, supraspinatus and infraspinatus. He has a positive impingement test.

Recommended treatment includes left shoulder injections, cervical epidural steroid injection and right shoulder surgery. Treatment requested is for associated surgical service: EKG and interpretation associated surgical service: initial consult visit with medical report prep by MD including evaluations, and right shoulder arthroscopy with subacromial decompression and possible rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with subacromial decompression and possible rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Official Disability Guidelines Treatment in Workers' Comp Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Surgery never recommended for chronic non-anatomic pain and therefore the shoulder surgery requested is not specifically addressed.

Decision rationale: Over 300 pages of medical records were reviewed. Symptoms reported are highly variable. For example, a July 2, 2014 note reports up to 9/10 pain in the neck, low back and all 4 extremities and a QME report of August 14, 2014 notes, "the patient states he has no real pain." The treating physician's notes are inconsistent. For example, stating, "Early intervention may increase successful return to work," and in the same report noting, "we are treating chronic and intractable (low back) pain." Extensive treatment including multiple failed surgeries has been performed and an August 14, 2014 independent orthopaedic medical evaluator noted, "it is, therefore, quite evident that the patient underwent significant orthopedic treatment for relatively minor orthopedic injuries. It is my opinion that much of the treatment received was not consistent with evidence-based medicine and, to be quite honest, would be characterized as "shake and bake" medicine, with treatment being rendered for the benefit of the facility, not the patient, and for the financial bottom line." There is no alleged injury in this case rather, diffuse symptoms are attributed to the cumulative effects of activities performed years ago. The symptoms are not anatomic, they cannot be attributed to a specific anatomic problem. Regarding symptoms around the right shoulder, those are markedly outweighed by more extensive symptoms such as in the opposite arm, low back and both legs which are clearly not related to a shoulder problem. Further it is noted that, "The patient states he did not benefit from the (right shoulder) injection." There is no reasonable expectation that the long-standing non-anatomic symptoms reported would be substantially improved by shoulder surgery. Therefore, the request is determined to be not medically necessary and appropriate.

Associated Surgical Service: Initial consult visit with medical report prep by MD including evaluations: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD, MSC Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15;87(6):414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation, which is therefore determined to be not medically necessary.

Associated Surgical Service: EKG and Interpretation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15;87(6):414-418.

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