MAXIMUS Federal Services

Case Number:	CM15-0087129		
Date Assigned:	05/11/2015	Date of Injury:	08/27/2013
Decision Date:	07/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/06/2015

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: Minnesota, Florida
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 57-year-old male who extended his left arm to remove a paper out of a copier and felt pain in the left shoulder on 8/27/2013. He underwent arthroscopy of the left shoulder with a rotator cuff repair, subacromial decompression and distal clavicle excision on 11/7/2013. A subsequent operative report indicates that he underwent left shoulder arthroscopy for adhesive capsulitis on 4/22/2014. Per examination of 3/18/2015 as noted in the utilization review summary, the injured worker was complaining of neck, left shoulder and left hand pain with numbness and tingling. His examination revealed abduction of 140° of the left shoulder, external rotation of 70° and internal rotation of 60°. There was tenderness to palpation. Impingement testing was noted to be positive. MR arthrogram was noted to reveal thinning of the rotator cuff with some wear along the acromioclavicular joint and some labral irregularities. The official report MR Arthrogram report or recent medical records have not been submitted. The provider indicated that the injured worker had failed conservative treatment including TENS, injections, therapy, medication, and activity modification. He had undergone EMG and nerve conduction studies in January 2014 which did not show any evidence of median or ulnar neuropathy or radiculopathy. MRI scan of the left shoulder dated 9/15/2013 prior to the two surgical procedures had revealed hypertrophic degenerative changes of moderate severity about the acromioclavicular joint with osteophytes projecting inferiorly to nearly completely obliterate the fat between the joint and the supraspinatus muscle and slightly deflecting the supraspinatus muscle inferiorly. Mild downsloping of the acromion was noted with a tiny osteophyte laterally. Abnormal signal was noted in much of the lateral aspect of the supraspinatus tendon involving the articular surface and midportion of the tendon. The labrum

was intact. Biceps tendon was intact. When compared with the prior MRI scan of 8/30/2007 the findings were suggestive of global degenerative changes. The MRI of 9/15/13 did not appear to be an acute injury but rather likely continued degenerative changes. The disputed issues pertain to a request for left shoulder arthroscopy, distal clavicle excision, biceps tendon release, urine drug screen, and EMG/NCV studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

Decision rationale: California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including cortisone injections and an exercise rehabilitation program should be carried out for at least 3-6 months before considering surgery. 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program is recommended to treat rotator cuff inflammation, impingement syndrome, or small tears. The guidelines also necessitate clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The documentation suggests that the injured worker underwent an MR arthrogram of the left shoulder on the basis of which surgery has been requested. The MR arthrogram report has not been provided. Furthermore, evidence of a recent nonoperative treatment program with exercise rehabilitation and corticosteroid injections for 3-6 months has not been provided. As such, the medical necessity of the request for arthroscopy has not been established.

Distal Clavicle Excision LUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Mumford procedure.

Decision rationale: With regard to the question about distal clavicle excision, the prior medical records indicate that the procedure was performed on 11/7/2013. Recent imaging studies necessitating revision surgery have not been provided. ODG guidelines indicate a trial of conservative treatment with an exercise rehabilitation program and injections which has also not been provided. As such, the request for partial claviculectomy is not supported by guidelines and the medical necessity has not been substantiated.

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: California MTUS guidelines indicate when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conductions velocities including H reflex tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3-4 weeks. With regard to the request for EMG and nerve conduction studies, evidence of severe and/or progressive neurological abnormalities has not been submitted. The injured worker underwent an EMG and nerve conduction study in January 2014 which revealed normal conduction in the median and ulnar nerves and no evidence of cervical radiculopathy. The neurologic status has not changed since that time. As such, the request for a repeat EMG and nerve conduction study is not supported and the medical necessity of the request has not been substantiated.

Biceps Tendon Release LUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Biceps Tenodesis.

Decision rationale: With regard to biceps tendon release, the guidelines necessitate imaging evidence which has not been provided. ODG guidelines recommend biceps tenodesis after 3 months of conservative treatment with physical therapy for type II and type IV SLAP lesions. Documentation pertaining to the necessary preoperative conservative treatment protocol has also not been provided. As such, the medical necessity of the request is not established.