

Case Number:	CM14-0124611		
Date Assigned:	09/16/2014	Date of Injury:	12/14/2012
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has a date of injury of December 14, 2012. The patient has chronic right shoulder pain. She is a 51-year-old female. She's been diagnosed with right shoulder impingement and right carpal tunnel syndrome. She's had physical therapy and continues to have pain. She had a cortisone injection the right shoulder. She takes medications with minimal relief of her pain. Physical exam shows positive Tinel and Phalen's sign. An MRI of the right shoulder documents mild tendinosis and fraying of the supraspinatus tendon. There is some AC joint arthritis. Nerve conduction studies from June 2014 show mild right carpal tunnel syndrome. Shoulder examination shows positive impingement sign. At issue is whether shoulder and hand surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Carpal Tunnel Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The medical records do not document that this patient has severe symptoms from impingement syndrome. Guidelines do not support arthroscopic decompression in patients with mild symptoms and no limitations of activities. Imaging studies do not clearly show a lesion that'll benefit from surgical repair. Recent studies suggest an arthroscopic acromioplasty provides no clinical benefit over her structure to provide exercise program and a long-term. Conservative care, including cortisone injection, should be carried out for at least 6 months prior to considering surgery. In this case a full-thickness shoulder rotator cuff tear has not been established. There is no clear documentation of failure of conservative care in this case. More conservative measures should be tried failed and documented. Criteria for shoulder surgery have not been met. As such, the request is not medically necessary.

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 214.

Decision rationale: There is no documentation of severe carpal tunnel syndromes in this patient. There is no documentation of nighttime awakening, nighttime paresthesias, and diminished sensation. There is no documentation of thenar atrophy. There is also no documentation of the details of conservative care to include carpal tunnel injection and physical therapy. The medical records do not indicate that conservative measures have been exhausted. The guidelines for carpal tunnel release surgery have not been met. As such, the request is not medically necessary.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines Perioperative Cardiovascular Evaluation

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Pre-operative Labs (CMC, CMP, PT, PTT, BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines Perioperative Cardiovascular Evaluation

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Pre-operative Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines Perioperative Cardiovascular Evaluation

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

12 Visits for Post-operative PT (Physical Therapy): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carpal tunnel, Physical Therapy post CTR Page(s): 16, 22.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Post-operative Sling: 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) Shoulder Chapter Immobilization

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.