

Case Number:	CM14-0127205		
Date Assigned:	09/23/2014	Date of Injury:	05/01/2012
Decision Date:	10/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, and wrist pain reportedly associated with an industrial injury of May 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; knee corticosteroid injection therapy; earlier wrist surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 30, 2014, the claims administrator denied a request for right shoulder and left knee surgery, a wrist Dynasplint, a left wrist brace, a pain management evaluation, and a neurologic evaluation. Non-MTUS Chapter 7 ACOEM Guidelines were apparently cited to deny several of the referrals. The claims administrator did not incorporate any of the cited guidelines into its rationale, however, and stated that it was denying the request on the grounds that the applicant had not failed conservative treatment, despite the fact that the applicant was over two years removed from the date of injury as of the date of the requests were initiated. The applicant's attorney subsequently appealed. In a July 1, 2014 progress note, the applicant reported heightened complaints of shoulder pain, hand pain, and knee pain, 7-9/10. The applicant's knee pain was accompanied by locking and clicking, it was stated. The applicant had superimposed issues with electrodiagnostically-confirmed cervical and lumbar radiculopathies, it was stated. Shoulder surgery, knee surgery, a Dynasplint, wrist MRI, cervical pillow, wrist braces, and neurologic evaluation for weakness, twitching, and parathesias were sought. The applicant's work status was not stated, although it did not appear that the applicant was working. Pain management referral was also sought for the applicant's chronic neck and back pain issues. In an earlier note dated February 20, 2014, the applicant was placed off of work, on total temporary disability. The applicant was reporting a variety of complaints, including twitching, numbness, and tingling. On May 22, 2014, a pain management consultation, cervical pillow, various topical compounds,

dietary supplements, and genetic testing were sought. The applicant was placed off of work, on total temporary disability. This note, as with the preceding notes, was handwritten, sparse, and extremely difficult to follow. In a Medical-legal Evaluation dated March 25, 2014, it was acknowledged that the applicant was not presently working and had last worked in July 2012. The applicant exhibited limited range of motion about the bilateral shoulders. The Medical-legal evaluator alluded to an earlier MR arthrogram of the shoulder of July 3, 2012 which was notable for subtle irregularity and signal abnormality involving the superior-posterior glenoid labrum. The images were reportedly degraded by motion. The Medical-legal evaluator also alluded to an MR arthrogram of the left knee of September 10, 2012 which was notable for Baker cyst and grade 1 chondromalacia. Non-contrast MRI imaging of the shoulder dated July 23, 2012 was also noted and was apparently notable for full-thickness supraspinatus tendon tear. The applicant was status post ulnar osteotomy and shortening surgery, it was further noted. The Medical-legal evaluator stated that the applicant did have right shoulder rotator cuff tear. It was stated that the applicant should remain off of work, on total temporary disability. In a March 27, 2014 orthopedic surgery note, the applicant presented with persistent complaints of knee and shoulder pain over a span of approximately one and half years. Severe shoulder pain and stiffness were noted. The applicant was having difficulty ambulating owing to ongoing complaints of left knee pain, it was noted. Shoulder range of motion was significantly limited with abduction and flexion to 40 degrees. Full knee range of motion was noted with increased lateral laxity. The applicant was asked to pursue a right shoulder arthroscopy with capsular release to ameliorate severe adhesive capsulitis of the same. There was no mention for the need for knee surgery on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE SURGERY WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

Decision rationale: The Request for Authorization (RFA) form of July 23, 2014 did not clearly specify or state what surgical procedure involving the knee was sought here. It appears, based on the claim administrator's description of events, that the procedure being sought is an arthroscopic patellar shaving for patellar femoral symptoms/chondromalacia patella. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 345, the efficacy of arthroscopic patellar shaving surgeries for patellofemoral syndrome/chondromalacia patella is "questionable." The attending provider, furthermore, failed to furnish any compelling applicant-specific rationale or narrative commentary along with the July 23, 2014 RFA form which would offset the tepid-to-unfavorable ACOEM position on the article at issue. The requesting provider did not state what surgical procedure is being sought. The applicant's knee surgeon, furthermore, did not allude to the need for knee surgery on his March 27, 2014 consultation, referenced above. Therefore, the request is not medically necessary.

DYNA SPLINT FOR LEFT WRIST PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 266, any splinting or limitation placed on hand, wrist, forearm activities should not interfere with total body activity in a major way. In this case, the applicant was seemingly little under a year removed from an earlier ulnar osteotomy-shortening procedure previously performed on October 2, 2013. It was/is not clearly evident why splinting would be needed so far removed from date of surgery. Therefore, the request is not medically necessary.

PAIN MANAGEMENT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine a specialist evaluation is necessary. In this case, the applicant has multifocal pain complaints which have proven recalcitrant to time, medications, therapy, prior wrist surgery, etc. The applicant is seemingly off of work. Obtaining the added expertise of a physician specializing in chronic pain/delayed recovery, such as a pain management physician, is therefore indicated. Accordingly, the request is medically necessary.

NEUROLOGICAL EVAL: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider (PTP) has seemingly suggested that that he is uncomfortable treating and/or addressing the applicant's neurologic complaints of dysesthesias, paresthesias, hand tremor/hand twitching, etc. Obtaining the added expertise of a physician who is better-suited to address these issues, such as a neurologist, is therefore indicated. Accordingly, the request is medically necessary.

RIGHT SHOULDER SURGERY WITH [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9-6 page 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, in Chapter 9, table 9-6, page 214, rotator cuff repair surgery is "recommended" after a firm diagnosis is made and rehabilitation efforts have failed. In this case, the applicant does have clinical and radiographic evidence of a rotator cuff tear, referenced above. Superimposed on the same are ongoing issues with adhesive capsulitis with associated marked limitation in shoulder range of motion. As further noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, capsular shift surgery/capsular release surgery is "recommended" for disabling instability, as is seemingly present here. The applicant is off of work. The applicant's shoulder issues have proven recalcitrant to time, medications, physical therapy, injection therapy, etc. Pursuit of a surgical remedy is therefore indicated. Accordingly, the request is medically necessary.

