

Case Number:	CM14-0157291		
Date Assigned:	09/30/2014	Date of Injury:	11/29/2012
Decision Date:	11/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

41 year old female claimant with an industrial injury dated 11/29/12. Exam note 08/14/14 states that the patient returns with right neck pain radiating to the right arm, right shoulder pain and right wrist pain. The patient rates the pain an 8/10 and explains that the pain is increased when trying to close the hand. She states that the pain is decreased 50% with medication, but the pain is worsening in the right hand and traveling to the elbow/hand. Upon physical exam the cervical spine demonstrates spasms as well as a painful and decreased range of motion. There is tenderness to palpation over the right cervicotrpezial ridge and over C5-7 facet joints. The patient had a positive impingement sign test, but a painful range of motion of the right shoulder. Diagnosis is noted as right wrist triangular fibrocartilage complex tear; rule out triangular fibrocartilage complex tear and wrist strain, cervical radiculitis at C5-6 and C6-7, and right shoulder impingement. Treatment includes a continuation of medication, a right shoulder decompression, AC joint resection, acromioplasty, rotator cuff repair and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder open decompression, AC joint resection, acromioplasty, RCR and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page(s) 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 8/14/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 8/14/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the request is not medically necessary.

Anaprox 550 mg #60: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Prilosec 20 mg #60: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fexmid 7.5mg #90: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Terocin lotion: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.