

Case Number:	CM14-0081546		
Date Assigned:	07/18/2014	Date of Injury:	01/16/2007
Decision Date:	10/29/2014	UR Denial Date:	05/04/2014
Priority:	Standard	Application Received:	06/02/2014

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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 52-year-old male with a reported date of injury on 01/16/2007. The mechanism of injury was noted to be from a motor vehicle accident. His diagnoses were noted to include L4-5 and L5-S1 decompression and fusion, abdominal wound that was healed with a grossly abnormal scar, and left shoulder impingement. His previous treatments were noted to include medication. The progress note dated 03/18/2014 revealed complaints of low back pain, left shoulder pain, and an abdominal wound. The physical examination revealed motor strength testing was 5/5, and the left shoulder revealed 160 degrees of abduction with a positive shoulder impingement sign. The abdomen revealed a well healed left abdominal wound. The provider indicated there was an MRI of the left shoulder which showed no evidence of a rotator cuff tear. The provider recommended a cortisone injection due to overcompensation, and an abdominal wound revision, which the provider indicated he had discussed with a plastic surgeon. The progress note dated 05/07/2014 reveal complaints of bilateral shoulder pain, left greater than right. The physical examination of the abdomen revealed a well healed surgical scar over the mid abdominal region. The sensory examination revealed numbness over the right lateral calf, dorsal foot, left dorsal foot at approximately the L5-S1 distribution. The motor strength testing rated 5/5. The left shoulder examination revealed diffuse tenderness over the left shoulder over the subacromial region. On observation, there was no erythema, skin lesions, abnormal warmth, or swelling. There was pain to full range of motion to the left shoulder, with abduction to 120 degrees, and forward flexion was to 145 degrees. The Request for Authorization form was not submitted within the medical records. The request was for an abdominal wound revision due to disfigurement, and a cortisone injection to the left shoulder for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal Wound Revision: 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 ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163

Decision rationale: The request for an abdominal wound revision is not medically necessary. The injured worker complains of a disfiguring abdominal scar. The California MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. There is a lack of a consult with a surgeon or plastic surgeon to warrant an abdominal wound revision. The injured worker indicated it was a scar revision due to disfigurement, which is cosmetic, as opposed to medically necessary. Therefore, the request is not medically necessary.

Cortisone Injection of the Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid Injections

Decision rationale: The request for a cortisone injection to the left shoulder is not medically necessary. The injured worker complains of left shoulder pain. The Official Disability Guidelines recommend up to 3 steroid injections. Steroid injections compared to physical therapy seem to have better initial, but worse long term outcomes. The criteria for steroid injections is a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder, if the pain is not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months, and if the pain interferes with functional activities (pain with elevation is significantly limiting work). The steroid injections are intended for short term control of symptoms to resume conservative medical management. Only 1 injection should be scheduled to start, rather than a series of 3. A second injection is not recommended if the first has resulted in complete resolution

of symptoms, or if there has been no response. There is a lack of documentation regarding failure of conservative treatment to the left shoulder to warrant a cortisone injection. The injured worker does have a positive shoulder impingement sign. However, due to the lack of documentation regarding conservative treatments to the left shoulder, a cortisone injection is not appropriate at this time. Therefore, the request is not medically necessary.