

Case Number:	CM14-0216126		
Date Assigned:	01/06/2015	Date of Injury:	01/15/2008
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: California
 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:

This 48 year old female was injured 1/15/2008 while working as a secretary. The exact mechanism of injury was not noted. She exhibited numbness and tingling in the fingers of her left hand. There was a history of left shoulder surgery (no date). Prior to 2008 records indicate that the injured worker was treated with therapy for left hand pain with radiation to the left shoulder, right wrist pain and neck strain. Therapy was discontinued after 2 months because of minimal benefit. Studies included electrodiagnostic studies of the upper extremities (2003, 2004, 2/16/10 and 1/11); radiographs of the neck, left shoulder and left hand (2004) and nerve test (2006) for bilateral foot pain which were all normal results. In 2008 she received subacromial injections on the left with benefit. MRI (2008) of the left shoulder revealed mild tendinitis with a type II acromion. She then had subacromial decompression, Mumford procedure and synovectomy. After this surgery she was considered permanent and stationary and released to regular duty. She continued to exhibit neck and mid and lower back pain. MRI 8/11 revealed minimal 2 mm disc bulges at multiple levels and MRI of the left shoulder showed postsurgical changes with mild tendinitis vs partial thickness tearing of the supraspinatus. MRI of the cervical spine 5/3/14 indicated nonacute compression fracture at C5; C3-4, C5-6 central focal disc protrusion. Currently (11/5/14) the injured worker complained of constant left shoulder pain that was progressively getting worse with pain intensity of 9/10; left wrist pain 7/10; and neck pain 7/10. On physical exam the cervical spine revealed spasm with painful decreased range of motion and continued pain with axial compression. The left wrist and hand revealed positive Tinel and Phalen sign and shoulder exam revealed positive impingement sign on the left with

painful range of motion. There was positive tenderness on palpation of the acromioclavicular joint. The left elbow revealed lateral swelling and tenderness over lateral epicondyle. The diagnoses included left shoulder impingement syndrome, status post left shoulder arthroscopy, left carpal tunnel syndrome, mild right shoulder pain, cervical spine degenerative disc disease, cervical spine annual tears, cervical spine facet arthropathy and left upper extremity radiculopathy. She uses transcutaneous electrical nerve stimulator (TENS) which is helpful. A listing of the injured workers current medications was not found in the documents provided. The injured worker is temporarily totally disabled. On 12/22/14 Utilization Review (UR) non-certified a request for left shoulder open decompression surgery based on clinical documentation failing to provide documentation of an exhaustion of conservative care including cortisone injections. There were no findings on the MRI to support the necessity for surgery despite objective findings of impingement on physical examination. The guidelines referenced were MTUS; ACOEM and ODG. The request for Terocin Lotion 240 milliliters X1 was non-certified based on lack of documentation of an objective decrease in pain and objective functional improvement. There was no documentation that the injured worker had tried and failed antidepressants and anticonvulsants. There were no exceptional factors provided as any compounded product that contains at least one drug or class that is not recommended is not recommended. MTUS Chronic Pain, Salicylate topical and topical capsaicin were referenced. The request for injection X1 left elbow using 1 cc Celestone and 2cc Marcaine was non-certified based on objective findings were present but there was a lack of documentation indicating that the injured worker had conservative care specifically directed at the left elbow. The guidelines referenced were MTUS; ACOEM and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder open decompression surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

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

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 11/5/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 11/5/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is for non-certification.

Terocin lotion 240ml x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Capsaicin and Lidocaine P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): page 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." As Terocin is a compounded agent, the determination is for non-certification.

Injection x1 left elbow using 1cc Celestone and 2cc Marcaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 608.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence of failure of conservative care from the exam note of 11/5/14 to warrant a lateral epicondylar release. Therefore determination is for non-certification.