

Case Number:	CM14-0216877		
Date Assigned:	01/21/2015	Date of Injury:	12/11/2010
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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, Sports Medicine

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 50-year-old female who reported an injury on 12/11/2010. The mechanism of injury was not provided. The clinical note dated 11/12/2014 noted the injured worker complains of neck, upper back, low back, left shoulder, and left elbow pain. The diagnoses were cervical spine strain, thoracic spine strain, lumbar spine disc rupture, left shoulder internal derangement, left cubital tunnel syndrome, and other problems related to current evaluation. Upon examination, there was intact sensation to the left lateral shoulder, left small tip, left long tip, left dorsal thumb and web. The injured worker uses a back brace. The treatment plan included a left shoulder surgery, left elbow ulnar nerve decompression, medial epicondylectomy, 6 sessions of acupuncture, and an orthopedic followup. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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

Decision rationale: The request for a left shoulder surgery is not medically necessary. California MTUS/ACOEM Guidelines state that surgical consideration may be considered for injured workers who have red flag conditions; activity limitation of more than 4 months, plus existence of a surgical lesion; failure to increase range of motion and strength of the musculature around the shoulder, even after exercise programs and clear clinical and imaging evidence of a lesion shown to benefit in both the short and long term from surgical repair. The documentation submitted for review lack evidence of any functional impairment or positive imaging studies to warrant surgical intervention for the shoulder. There is a lack of documentation of the injured worker's failure to respond to initially recommended conservative treatment prior to surgical intervention. Additionally, the type of left shoulder surgery was not indicated in the request as submitted. As such, medical necessity has not been established.

Left elbow ulnar nerve decompression medial epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Indications for surgery- acromioplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 31.

Decision rationale: The request for left elbow ulnar nerve decompression medial epicondylectomy is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical consultation may be indicated for injured workers who have significant limitations of activity for more than 3 months that have failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow. There should be clear clinical and electrophysiologic imaging evidence of a lesion that has been shown to benefit in both the short and long term for surgical repair. There is no evidence that the injured worker had tried and failed an appropriate amount of conservative care to include physical therapy, splinting, or the use of an elbow pad. Furthermore, there is no evidence of subjective or objective findings to the elbow that would warrant surgery. As such, medical necessity has not been established.

Six sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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.

Orthopedic follow up with [REDACTED]: 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), Pain

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.