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| Case Number: | CM14-0217186 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 08/08/2012 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 65 year old male who suffered an industrial related injury on 6/6/12. A physician's report dated 7/16/13 the injured worker had complaints of neck pain that radiated to the upper extremities with numbness and tingling. Low back pain that radiated to the lower extremities with numbness, tingling, and weakness of the lower extremities were noted. The injured worker had complaints of chronic headaches. Bilateral shoulder and bilateral knee complaints were also noted. Diagnoses included cervical discopathy with radiculitis, lumbar discopathy with radiculitis, right shoulder impingement syndrome with labral tear and partial rotator cuff tear, left shoulder impingement syndrome with labral tear, cubital/carpal tunnel/double crush syndromes, right knee medial meniscus tear, and left knee lateral and medial meniscus tear with chondromalacia patellae. On 7/23/14 the injured worker received a cervical steroid injection. The treating physician's report dated 10/28/14 noted physical examination findings of palpable cervical paravertebral muscle tenderness with spasm. Range of motion was limited by pain. Tingling and numbness into the anterolateral shoulder and arm as well as lateral forearm and hand was noted. Bilateral shoulder tenderness around the anterior glenohumeral region and subacromial space and reproducible symptomatology with internal rotation and forward flexion was noted. Palpable paravertebral muscle tenderness with spasm was noted in the lumbar spine. Range of motion was guarded and restricted. Tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot was noted. Bilateral tenderness in the knee joint line with a patellar grind test is positive. McMurray's sign was positive. Crepitus with painful range of

motion was also noted. On 12/3/14 the utilization review (UR) physician denied the request for medication post-operative unspecified. The UR physician's rationale was not provided in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: medication, post-operative; unspecified.: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-214, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: ACOEM recommends subacromial decompression after failure of non-operative care. The patient has chronic shoulder pain after two years of a trial and failure of conservative treatment that included medications, PT, and shoulder injections. The left shoulder arthroscopic surgery with subacromial decompression, Mumford resection with possible rotator cuff repair is/was medically necessary. Thus, all Associated surgical service: medication, post-operative; unspecified is medically necessary.