

<b>Case Number:</b>	CM15-0117207		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/23/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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:

The injured worker is a 43 year old male, who sustained an industrial injury on 12/23/14. He reported initial complaints of chest/ribs, spinal cord back, bilateral hips, left ankle and left shoulder and bilateral wrist injury. The injured worker was diagnosed as having left scapula fracture; right wrist sprain; lumbar spondylosis, sprain; left knee internal derangement. Treatment to date has included physical therapy; right wrist injection (6/2/15); medications. Diagnostics included MRI lumbar spine (2/23/15); MRI right wrist and right hand (2/23/15); CT scan chest (5/19/15); MRI left knee (5/19/15); EMG/NCV bilateral upper extremities (5/22/12). Currently, the PR-2 notes dated 6/2/15 indicated the injured worker presents for a follow-up care of left shoulder, right wrist, lumbar spine and left knee injuries resulting from a motorcycle verse dump truck collision. The current medications are listed as Tramadol, Gabapentin, Lorazepam, Norco and Robaxin. Review of systems the provider notes the injured worker has difficulty sleeping, shortness of breath, joint pain, stiffness, problems swallowing, coughing, muscle pain, back pain, change in memory, anxiety, night sweats and weakness. On physical examination the provider documents the injured worker has decreased reflexes in the upper extremities. He has a decrease in sensation in the left C5-C6 nerve root. He has a noticeable deformity of the left scapula overlying the ribs. There is tenderness at the posterior left ribs. On the lumbar spinal examination, there is tenderness present at the L4 and L5 vertebra. He has limited range of motion due to pain and stiffness in the lumbar spine. He has tenderness at the biceps tendon, rotator cuff, supraspinatus, and infraspinatus. The apprehension sign is positive on testing the left shoulder in external rotation and 90 degrees of abduction. Hawkin's and Yergason's signs are

positive. Range of motion for the left shoulder notes internal rotation to T12, forward flexion equals 90 degrees; abduction equals 75 degrees. The left elbow is positive Tinel's and the left wrist/forearm is negative Hoffman's but testing for carpal tunnel signs was positive for Tinel's sign. The right elbow exam is positive Tinel's. The right wrist/forearm exam notes Phalen's with pain and negative Hoffman's. The exam is positive for carpal tunnel sign and Phalen's and Tinel's. On this date, the provider injected the injured worker's right wrist/forearm with Lidocaine/Kenalog between the scaphoid, lunate and radius. The provider discussed the results of his diagnostic studies. The MRI of the left shoulder dated 5/19/15 impression notes healing fractures of the scapular body and base of the acromion. There is a narrowing of the subacromial space secondary to lateral downsloping of the acromion; mild degenerative changes of the acromioclavicular joint. The MRI of the lumbar spine dated 2/23/15 impression indicates a L1-2, L2-3 and L3-4 demonstrate no abnormalities. L4-5 shows a mild broad-based subligamentous disc bulge causing mild effacement of the ventral aspect of the thecal sac. There is a crescent of high T2 signal centrally within the disc, which may represent an annular tear versus a fissure. The central measures 13mm. In conjunction with the diffuse subligamentous disc bulge there is a mild bilateral neural foraminal impingement. The left knee MRI dated 5/19/15 is unremarkable. The provider is requesting authorization of a Left shoulder arthroscopy with subacromial decompression; pain management for a lumbar spine epidural steroid injection and Supartz injects to the left knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Arthroscopy with subacromial decompression to the left shoulder:** 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 ODG shoulder section, 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 6/2/15. 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 6/2/15 does not demonstrate evidence satisfying the above criteria. Therefore, the request is not medically necessary.

**Supartz injections to the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and leg chapter, Hyaluronic acid injection.

**Decision rationale:** CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 6/2/15, the request is not medically necessary.

**Pain management for epidural steroid injection to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain section, Office visits.

**Decision rationale:** CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the exam note from 6/2/15 does not demonstrate complex diagnosis, failure of non-operative management or objective findings to warrant a specialist referral. Therefore, the request is not medically necessary.