

Case Number:	CM15-0126224		
Date Assigned:	07/10/2015	Date of Injury:	11/30/2005
Decision Date:	09/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, Oregon
 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 45 year old male who sustained an industrial injury on 11/30/2005. The injured worker was diagnosed with acromioclavicular joint arthritis, supraspinatus tendon impingement and rotator cuff tendinitis. No surgical interventions of the right shoulder were documented. Treatment to date has included diagnostic testing with recent magnetic resonance imaging (MRI) right shoulder and right knee on May 20, 2015, shoulder injections, physical therapy and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience right shoulder pain and weakness. The injured worker was evaluated over the past 7-8 years for his shoulder and appears to be progressing in symptomatology. Examination demonstrated loss of extremes of full abduction, internal and external rotation. There was marked pain on elevation and positive impingement, Neer's and O'Brien's signs. Current medications were not documented. Treatment plan consists of the current request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the right upper extremity, magnetic resonance imaging (MRI) of the right elbow, right shoulder arthroscopic capsulolabral reconstruction, assistant surgeon, pre-operative clearance with Electrocardiogram (EKG) and bloodwork, post-operative physical therapy times 12 for the right elbow and physical therapy times 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic capsulo labral reconstruction: 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), Shoulder Procedure Summary Online Version.

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

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, pages 209 and 210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. In this case there is insufficient evidence to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear. Therefore request is not medically necessary.

Associated Service: Assistant Surgeon: Upheld

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

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.

Pre-op medical clearance: EKG: Upheld

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

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.

Pre-op medical clearance: Labs: Upheld

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

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.

Post-op physical therapy x 12: Upheld

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

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.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33 and 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: CAMTUS/ACOEM chapter 10, elbow complaints, page 33, states that MRI is warranted for a patient with significant limitations present for more than 1 month and when either surgery is being considered for a specific region of the elbow or if the suspicion is for serious pathology such as a tumor. In this case, neither of the above scenarios is present and the request is not medically necessary.

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33 and 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure Summary Online Version.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records to warrant NCS or EMG. Therefore the request is not medically necessary.

Physical therapy for the right elbow x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: CA MTUS/Post-surgical treatment guidelines, Elbow, Lateral epicondylitis, page 17 states that 12 visits over 12 weeks. Half of the visits are initially recommended pending re-evaluation. In this case the request exceeds the initial recommended number of visits and is therefore not medically necessary.