MAXIMUS Federal Services

Case Number:	CM15-0166938		
Date Assigned:	09/23/2015	Date of Injury:	01/19/2012
Decision Date:	11/24/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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, Oregon, Washington
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 60 year old male with an industrial injury dated 01-19-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lateral epicondylitis, cubital tunnel syndrome, lumbago, cervicalgia, joint derangement nonspecific shoulder, and internal derangement knee status post-surgery. Medical records (06-01-2015 to 07-13-2015) indicate constant pain in the right elbow, intermittent left knee pain, and right shoulder pain. The injured worker reported that the right elbow pain was aggravated by lifting, grasping, pushing, pulling as well as torqueing activities. The pain in the right shoulder is aggravated by forward reaching, lifting, pushing, pulling working at above shoulder level. Cervical spine and Lumbar spine was noted to remain unchanged. Pain level was 8 out of 10 on a visual analog scale (VAS). Objective findings (06-01-2015 to 07-13-2015) revealed tenderness over the elbow about the olecranon groove, lateral epicondyle, medial epicondyle, positive Cozen's sign, positive over the cubital tunnel, full but painful range of motion, and diminished sensation in the ulnar digits. Shoulder exam revealed tenderness around the anterior glenohumeral region and subacromial space, positive Hawkin's and impingement signs, reproducible symptomology with internal rotation and forward flexion. Magnetic Resonance Imaging (MRI) of the right shoulder on 4-22-2015 revealed no fractures or dislocations, infraspinatus tendon tear which was likely a partial tear, supraspinatus tendon tear, fluid in the subscapularis and subcorcoid bursae, and anterior capsulitis and sprain. Treatment has included diagnostic Magnetic Resonance Imaging (MRI) of the right shoulder, prescribed medications, and periodic follow up visits. The treatment plan included surgery authorization and medication

management. The treating physician reported that the medications are improving the injured worker 's activities of daily living and making it possible to continue working and maintaining the activities of daily living. The treating physician prescribed services for right shoulder surgery (unspecified) and medication refills (unspecified), now under review. The utilization review dated 07-30-2015, non-certified the request for right shoulder surgery (unspecified) and medication refills (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

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. In this case, there is no evidence of appropriate non-operative treatment nor a surgical lesion on the MRI from 4/22/15. Also there is no specific surgery proposed by the treating physician. Thus, the recommendation is for non-certification.

Medication refills (unspecified): 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: The request to Independent Medical Review is for a test or treatment which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. The request is therefore not medically necessary based on the lack of sufficient indications and details of the request provided by the treating physician. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral with its indications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations. Therefore this request is not medically necessary.