

Case Number:	CM15-0024717		
Date Assigned:	02/17/2015	Date of Injury:	08/10/1999
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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: Illinois, California, Texas
 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 54-year-old female who sustained an industrial injury on 8/10/99. Injury occurred when she tripped and lost her balance, but did not fall. Past surgical history was positive for left ankle reconstruction, two back surgeries including a fusion, left knee surgery, and right shoulder surgeries. Records documented medical history was positive for a deep vein thrombosis and anti-coagulation therapy that have delayed right shoulder surgery. The 10/22/14 right shoulder MRI revealed moderate tendinosis of the superior cuff with low grade bursal surface partial tear of the distal supraspinatus tendon, with no evidence of full thickness tear or atrophy. Findings noted an acromion configuration and acquired degenerative changes which likely predispose the patient to superior outlet impingement. There was subacromial/subdeltoid bursitis and no labral pathology. The 12/17/14 treating physician report indicated that her left knee gave way, causing her to fall on her left knee and reinjure her back. The right shoulder was progressively getting worse, and she was in severe pain. Right shoulder exam documented limited range of motion and positive impingement tests. Left knee exam documented range of motion 20-90 degrees with marked lateral and medial pain, and 1+ effusion. The diagnoses included right shoulder chronic impingement, failing conservative management, chronic lumbar pain, and left knee internal derangement. The treatment plan requested authorization for right shoulder surgery, left knee MRI, and post-operative medications. On 1/9/15, Utilization Review non-certified right shoulder surgery, noting documents do not indicate at least 3-6 months of conservative care; (MRI) magnetic resonance imaging of left knee, noting no positive orthopedic tests in submitted documentation; Norco 10/325 #60, Tramadol HCL ER 50mg #60, Anaprox

550mg #60 and Keflex 500mg #28, noting the medications were for post-op therapy and surgery was not certified. The MTUS, ACOEM Guidelines, was cited. On 1/9/15, the injured worker submitted an application for IMR for review right shoulder surgery, (MRI) magnetic resonance imaging of left knee, Norco 10/325 #60, Tramadol HCL ER 50mg #60, Anaprox 550mg #60 and Keflex 500mg #28. The 2/6/15 treating physician report indicated that the patient a history of left knee giving way and persistent right shoulder pain. Right and right shoulder exams documented limited range of motion with positive impingement. Left knee exam documented full range of motion with 1+ effusion, medial joint line tenderness, and positive McMurray test. The treatment plan recommended a right shoulder arthroscopic subacromial decompression, a left knee MRI, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right shoulder surgery: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been fully met. The patient presents with persistent right shoulder pain. There is no documentation of functional limitation, specific loss of range of motion, strength loss, nighttime pain, tenderness, or painful arc of motion. Detailed evidence of 3 to 6 months a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

1 MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, 347.

Decision rationale: The California MTUS guidelines state that most knee problems improve quickly once any red-flag issues are ruled-out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Guideline criteria have not been met. Records reported a fall in mid-December due to her knee giving out. There was initial marked loss of range of motion which has resolved. There is some evidence of meniscal pathology on clinical exam. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left knee and failure has not been submitted. Given the improvement noted in exam findings and no documentation of conservative treatment failure, this request is not medically necessary at this time.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

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.

Tramadol HCL ER 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

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.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

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.

Kelfex 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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.