

Case Number:	CM15-0031171		
Date Assigned:	02/24/2015	Date of Injury:	06/25/2013
Decision Date:	05/18/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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 female who reported an injury on 06/25/2013. The mechanism of injury was not provided. Prior treatment included physical therapy, medications, wrist splint, injection, and MRI. The mechanism of injury was the injured worker was cleaning and picking up heavy trays. The injured worker was reaching up almost to the ceiling to clean near the bread ovens. The injured worker had immediate symptoms in the low back with pain and numbness in the right hand with no feeling in the hand while washing trays. The injured worker underwent electrodiagnostic and nerve conduction studies on 12/27/2013, which revealed acute and chronic cervical radiculopathy, mainly involving C5-6. The documentation of 01/06/2015 revealed the injured worker had complaints of neck, lower back, right shoulder, arm, and wrist pain. The injured worker's pain was noted to be constant and sharp pain. The injured worker indicated that her pain at rest was 4/10 and with activity 6/10. With medication the injured worker was noted to have 2/10 pain at rest. Pain with activity was 6/10. The injured worker complained of numbness and tingling in the right leg, right hand, fingers, and weakness of the right leg and right wrist. The physical examination revealed tenderness to palpation of the greater tuberosity. The Neer's and Hawkins tests were positive. The injured worker had range of motion of flexion 140 degrees, abduction 140 degrees, and internal and external rotation to 70 degrees. The injured worker had 5/5 strength throughout the shoulder with 4/5 strength with the empty can maneuver. The shoulder was stable on examination. The injured worker had full range of motion of the right wrist and hand. The Phalen's test was positive. There was no intrinsic or thenar atrophy. Strength was 5/5. The wrist and hand were stable. The diagnosis included carpal

tunnel syndrome right wrist, and tendonitis and impingement syndrome right shoulder. The treatment plan included a subacromial decompression and open right carpal tunnel release followed by 24 sessions of therapy for the right shoulder and 8 sessions of therapy for the right wrist and postoperative pain medication of Percocet 5/325mg. The injured worker underwent an MRI of the right wrist on 11/08/2013, which revealed small radiocarpal joint effusion and no other gross abnormality. The injured worker underwent an MRI of the right shoulder on 11/08/2013, which revealed supraspinatus tendinosis, mild glenohumeral joint effusion, osteoarthropathy of the acromioclavicular joint and minimal subscapularis and subacromial bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review failed to provide documentation of MRI findings upon examination. There was a lack of documentation of a failure of conservative care, including cortisone injections. The MRI failed to provide documentation of impingement findings. Given the above, the request is not medically necessary.

Right Wrist Open Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that surgical consultation may be appropriate for patients who have red flags of a serious nature and a failure to respond to conservative management, including work site

modifications. There should be documentation of clear clinical and special study evidence of carpal tunnel syndrome. There should be documentation the injured worker has been treated with injections and splinting. The clinical documentation submitted for review failed to provide documentation of an official electrodiagnostic study to support the injured worker had positive electrodiagnostic findings. There was a lack of documentation indicating the injured worker's response to an injection. Given the above and the lack of documentation, the request is not medically necessary.

Surgical Assistant: 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-Operative Percocet 5/325mg #60: 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-Operative Physical Therapy (24-sessions, 2 times a week for 12 weeks for the right shoulder): 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-Operative Physical Therapy (8-sessions, 2 times a week for 4 weeks for the right wrist): 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.