MAXIMUS Federal Services

Case Number:	CM15-0070088		
Date Assigned:	04/17/2015	Date of Injury:	10/24/2011
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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, Sports Medicine

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 50-year-old male, who sustained cumulative industrial injuries from November 3, 2005 through October 20, 2011. He reported neck pain, back pain, upper extremity pain and lower extremity pain with associated weakness. The injured worker was diagnosed as having cervical spine disc bulges, thoracic and lumbar spine disc bulges, right shoulder internal derangement, left shoulder internal derangement, right and left elbow strain, right and left carpal tunnel syndrome, right and left hip strain, right and left knee strain, right and left ankle and foot strain and sexual dysfunction secondary to chronic pain and back injuries. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, back pain, upper extremity pain and lower extremity pain with associated weakness. The injured worker reported cumulative industrial injuries from 2005 through 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 19, 2014, revealed continued pain as noted. The documentation indicated the injured worker underwent an MRI of the right wrist on 02/20/2013, which revealed an intact TFCC with no acute abnormality; there were 4 mm subcortical cystic changes to the hamate. Documentation further indicated the injured worker underwent an MRI of the left shoulder on 02/20/2013, which revealed a 1.2 cm near full thickness tear involving the distal supraspinatus tendon with a fragmented appearance to the distal end of the clavicle and acromioclavicular joint subluxation. The documentation further indicated the injured worker underwent an MRI of the right shoulder on 02/20/2013, which showed an enlarged rotator cuff with tendinopathy and degeneration, partial thickness

tearing to the distal supraspinatus and mild degenerative changes to the glenohumeral joint. There was no Request for Authorization nor physician documentation or rationale for the requested surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Decompression of first Dorsal Compartment Arthroplasty of Basal Joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation: Forearm, Wrist, and Hand Chapter.

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 guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The clinical documentation submitted for review failed to provide documentation of specific conservative care and the duration. There was a lack of documentation of an official MRI report. There was a lack of physical examination to support the need for surgical intervention. Given the above, the request is not medically necessary.

Right Shoulder Arthroscopy, Decompression, and Rotator Cuff repair: Upheld

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

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. The clinical documentation submitted for review failed to provide documentation of the official MRI. There was a lack of documentation of a failure of conservative care for 3 months. There was a lack of documentation of objective findings upon physical examination. Given the above, and the lack of objective documentation the request is not medically necessary.

Left Shoulder Arthroscopy, Decompression and Rotator Cuff Repair: Upheld

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

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. The clinical documentation submitted for review failed to provide documentation of the official MRI. There was a lack of documentation of a failure of conservative care for 3 months. There was a lack of documentation of objective findings upon physical examination. Given the above, and the lack of objective documentation the request is not medically necessary.

Home Health Care, three hours a day for three days a week for six weeks: 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.