

Case Number:	CM13-0000445		
Date Assigned:	12/27/2013	Date of Injury:	04/29/2013
Decision Date:	04/23/2014	UR Denial Date:	05/10/2013
Priority:	Standard	Application Received:	05/22/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who sustained a syncopal episode at work on 4/29/13. The patient fell and injured her head and shoulder. She was taken to [REDACTED] for evaluation. This was her first syncopal episode. There was no history of seizure Final Determination Letter for IMR Case Number [REDACTED] 3 disorder. The patient had a normal neurological and cardiovascular examination. Throughout her stay at the hospital she denied any symptoms of headache, blurred vision, or dizziness. CT scan of the brain was normal except for a scalp hematoma. X-rays of the left shoulder showed a minimally displaced avulsion fracture of the distal clavicle with 5-6 mm of superior displacement. EKG was normal and showed no arrhythmia. Complete blood count (CBC) showed no abnormalities. Orthostatic blood pressures were within normal range. The patient was released with a shoulder strap. On May 2, 2013, the patient was seen by an orthopedic surgeon. According to his notes, the patient had tenderness along the distal clavicle, and active range of motion was limited, but she could move her arm in forward flexion 60°. She had full range of motion of her neck and weakness in her rotator cuff muscles. He recommended and carried out an open reduction and internal fixation of the patient's clavicle on May 7, 2013. He also recommended a neurological consultation for head injury, opioid medication, preoperative medical clearance, preoperative lab studies, EKG, and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 5/325MG WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): s 43-51.

Decision rationale: The ACEOM states that pain from most acute musculoskeletal problems can be handled with acetaminophen or non-steroidal anti-inflammatory medication. Opioids appear to be no more effective than the safer analgesics for managing most musculoskeletal symptoms and if they are needed for severe pain, they should be used only for a short period of time. This patient was given a prescription for 20 Percocet when she left the emergency room. Her provider has no documentation on the patient's level of pain, her activity level, or what non-pharmaceutical modalities she was using to control pain (ice, etc.). There is no documentation on whether a non-opioid would be effective for this patient. Therefore, without this information, the medical necessity of Norco has not been established. The request is noncertified.

A NEUROLOGY CONSULTATION FOR A CLOSED HEAD INJURY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The MTUS guidelines state that consultation may be necessary if there are signs or symptoms of a potentially serious condition, or if the diagnosis is uncertain or extremely complex. In the emergency room, this patient was found to have a normal neurological and cardiovascular examination. She had no symptoms indicating neurological problems while in the emergency room and there is no documentation by her provider that she had any further neurological symptoms after she left the emergency room. Therefore, the medical necessity of neurological consultation has not been established. The request is noncertified.

OPEN REDUCTION AND INTERNAL FIXATION OF THE LEFT DISTAL CLAVICLE, INTERPRETATION OF FLUOROSCOPY: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS guidelines do not specifically address clavicle fracture surgery; however, the Official Disability Guidelines do. They do not recommend surgery except in rare cases when the skin is broken or the fracture is completely displaced or shortened. According to her x-rays, this patient had a minimally displaced fracture of the distal end of the clavicle. The

displacement measures only 5mm. Therefore, the medical necessity for doing an open reduction and internal fixation of this patient's clavicle has not been established.

OUTPATIENT SURGERY AT [REDACTED]: 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.

POSTOPERATIVE PHYSICAL THERAPY 2-3 TIMES 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.

PREOPERATIVE MEDICAL CLEARANCE: 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.

LAB WORK, TO INCLUDE CBC, SMA-7, AND CXR: 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.

AN 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.