MAXIMUS Federal Services

Case Number:	CM13-0036932		
Date Assigned:	12/13/2013	Date of Injury:	10/17/2010
Decision Date:	03/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 51-year-old female with date of injury 10/17/2010. The majority of the documentation is handwritten and, for the most part, illegible. It appears from the note of 10/03/2013; the patient underwent a right subacromial decompression and rotator cuff debridement on August 22, 2013. The subjective notes state that her AME has been rescheduled to 03/04/2014. She complains of radiating pain into the right deltoid. She complains of right elbow pain with difficulty opening jars and bottles. In addition, she complains of left mid low back pain. Right shoulder exam was recorded as flexion 160Â°, extension 40Â°, abduction 130Â°, adduction 30Â°, internal rotation 50Â°, and external rotation 70Â°; the remainder of the exam is illegible. There is a request for authorization dated 10/03/2013. The request is for authorization for an MR arthrogram of the right shoulder to assess for rotator cuff pathology, and an additional request to extend home health care 4 hours per day, 3 days per week to assist with housecleaning, laundry, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The specific question which needs to be answered is, why is an MRI arthrogram of the shoulder needed so soon following the patient's arthroscopic procedure? Documentation is lacking and there appears to be no mention of additional trauma, wound infection, or untoward event during the procedure. The patient has a chronic injury to the right shoulder, and lacking any documentation to support authorizing the MR arthrogram. The Official Disability Guidelines recommend against repeat MRI as a routine evaluation accepted in the case of the significant change in symptoms and/or findings suggestive of significant pathology.

Norco 25/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-92.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids.

continue home care assistance 4 hours a day 3 days per week over 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Home Health Services.

Decision rationale: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)