

Case Number:	CM13-0039402		
Date Assigned:	12/18/2013	Date of Injury:	07/04/2013
Decision Date:	03/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/28/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for left shoulder pain associated with an industrial injury sustained on July 4, 2013. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, an MRI of the injured shoulder that was notable for infraspinatus tendinopathy versus a partial-to-full thickness tear of the supraspinatus tendon with no significant labral tear (July 23, 2013), physical therapy, and extensive periods of time off work on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

left shoulder possible labral repair surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation "Comparison of magnetic resonance imaging and arthroscopy in the evaluation of shoulder pathology." Torstensen ET, Hollinshead RM. The Journal of Shoulder and Elbow Surgery. 1999 Jan-Feb;8(1):42-5.

Decision rationale: The MTUS does not address the topic of labral repair surgeries but does note that MRIs are a diagnostic test which can be employed to establish a diagnosis of suspected labral tear. However, the Journal of Shoulder and Elbow Surgery states that MRIs do not appear to be an accurate or effective tool for assessing shoulder pathology in applicants in whom the clinical picture is not clear. An MRI may not therefore be of assistance in surgical planning for those individuals with these difficult conditions. A diagnostic arthroscopy is considered the standard of reference for establishing the accuracy of diagnosing shoulder disease; an MRI compares unfavorably to shoulder arthroscopy in terms of establishing a definitive diagnosis of labral tear. The Third Edition ACOEM Guidelines also endorse diagnostic arthroscopy for evaluation of applicants with select shoulder pain, including as a precursor to subsequent definite operative approaches. Performing a diagnostic arthroscopy and/or possible labral repair surgery concurrently is indicated, appropriate, and supported both by the Third Edition ACOEM Guidelines and by the Journal of Elbow and Shoulder Surgery. Accordingly, the request is certified.

10 Zofran 4mg: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA guidelines for Ondansetron (Zofran)

Decision rationale: The MTUS does not address the topic, so other guidelines were used instead. As noted by the Food and Drug Administration (FDA), Ondansetron (Zofran) is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. In this case, a shoulder surgery has been endorsed. The attending provider intends to employ Zofran for perioperative nausea purposes. This is indicated and appropriate. Accordingly, the request is certified.

60 Vitamin C 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM V.3 for Vitamins

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines endorses using vitamin C to treat post-fracture chronic regional pain syndrome, in this case, the documentation on file does not establish either diagnosis of CRPS or fracture for which vitamin C would be indicated. No compelling rationale for usage of vitamin C was attached to the request for authorization. The Third Edition ACOEM Guidelines echo the MTUS Chronic Pain Medical Treatment Guidelines and also state that vitamin C can be employed to treat CRPS in individuals with wrist fractures. However, the applicant does not have a wrist fracture or CRPS. The ACOEM further notes that vitamins are not recommended for treatment of chronic pain in the absence of documented nutritional deficits. In this case, there is no clear-cut evidence of a

nutritional deficit evident here. Vitamin C is not indicated in this context. Therefore, the request is not certified.