

Case Number:	CM13-0061788		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2011
Decision Date:	04/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Pennsylvania. 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 claimant is a 55-year-old with a reported vocational injury date of April 7, 2011. The claimant has a history of chronic right shoulder pain and has undergone multiple right shoulder surgeries. The claimant underwent a previous distal clavicle excision and subacromial decompression. The claimant is also reported to have a SLAP tear with a suprascapular neuropathy but no spinoglenoid cyst. The claimant underwent previous debridement as well with chondroplasty of the glenohumeral joint. A biceps tenodesis has also been performed. The claimant also underwent a suprascapular nerve decompression. The nerve was noted to be compressed by a dilated vein. Despite the multitude of surgeries, the claimant still reports chronic pain. Recent orthopedic notes have alluded to possible shoulder arthroplasty. The current request is for a re-evaluation with an orthopedic physician for shoulder surgery determination. Another request for 800 mg tablets of Motrin has been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg QTY: 90.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDS: Motrin Page(s): 71-72.

Decision rationale: The request for Motrin would be reasonable. Motrin is a first-line anti-inflammatory medication and would be reasonable to treat symptoms of mild osteoarthritis. This assumes the claimant does not have any significant contraindications. There are no clear documented side effects noted within the records reviewed.

Reevaluation with Orthopedist for shoulder surgery determination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultation, page(s) 127.

Decision rationale: CA MTUS ACOEM 2004 Guidelines would not support an orthopedic referral for shoulder surgery. This claimant has a long complex history related to the right shoulder with multiple prior surgical procedures. It does not appear the claimant has had good success with any of the prior operations according to the records reviewed. The claimant, according to the most recent imaging, is noted to have only mild osteoarthritic changes. It is unclear what conservative treatment has been rendered for the claimant's mild osteoarthritis. It would not seem appropriate based on the records reviewed for yet another orthopedic evaluation for either total shoulder arthroplasty or reverse shoulder arthroplasty given this claimant's age, failure to improve with prior surgery, mild arthritic change, and lack of documented conservative care for the claimant's arthritis.