

<b>Case Number:</b>	CM14-0000384		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 55 year old female who reported an injury on 01/19/2011. The mechanism of injury was not specifically stated. Current diagnoses include cervical spine myofascitis with radiculitis, lumbar spine myofascitis with radiculitis, rule out lumbar spine disc injury, status post right shoulder arthroscopic surgery, carpal tunnel syndrome, rule out cervical spine disc injury, internal derangement of bilateral knees, tendonitis in the left shoulder, and status post right ankle surgery. The latest physician progress report submitted for this review is documented on 10/29/2013. It is noted that the injured worker has undergone 2 separate arthroscopic procedures to the right shoulder. The injured worker reported persistent pain with activity limitation. Physical examination revealed tenderness to the anterior joint line of the right shoulder with limited range of motion, tenderness at the trapezius muscle with spasm, and positive hyperextension and Spurling's test. The option of further surgery was discussed at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER A/S RE-REPAIR LABRAL TEAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-210.

**Decision rationale:** The ACOEM Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker does report persistent pain with limited movement. However, there is no mention of an attempt at conservative treatment prior to the request for an additional surgical procedure. There were also no imaging studies provided for this review. Based on the clinical information received, the request is not medically necessary and appropriate.

**INITIAL POST-OPERATIVE PHYSICAL THERAPY TO RIGHT SHOULDER- TWO (2) TIMES A WEEK FOR SIX (6) 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.

**ZOFRAN 8MG #20:** 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.