

Case Number:	CM14-0000976		
Date Assigned:	01/10/2014	Date of Injury:	06/28/2000
Decision Date:	06/11/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	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 Orthopedic Surgery 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 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 reported an industrial injury of 6/28/00. The claimant is status post right shoulder arthroscopy with debridement of rotator cuff, biceps tenotomy and open biceps tenodesis and Mumford procedure on 12/12/11. An MR arthrogram of the right shoulder on 11/11/13 demonstrates attenuation of supraspinatus tendon and bursal sided tear, SLAP tear and decompression with acromioplasty. On 12/24/13 a utilization review was completed with a determination of non-certification of a request for repeat arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE NORCO 7.5/325MG #50: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure has been denied on 12/24/13, the request for post-operative Norco 7.5/325mg #50 is not medically necessary and appropriate.