

<b>Case Number:</b>	CM14-0007331		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 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 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 patient is a 42-year-old male who has filed a claim for right shoulder impingement associated with an industrial injury date of June 25, 2012. Review of progress notes indicates right knee pain, and right shoulder pain symptoms with restricted motion in abduction and forward flexion. Examination of the right shoulder showed decreased range of motion, tenderness over the greater tuberosity and proximal biceps, slightly decreased motor strength of the rotator cuff muscles with difficulty raising the arm, and positive impingement test. Examination of the right knee showed decreased range of motion with tightness in the capsules. A report from November 2013 indicates that the patient has not had treatment to the right shoulder. Right shoulder x-rays dated November 01, 2013 was unremarkable. MRI of the right shoulder from November 08, 2012 showed partial thickness tear of the supraspinatus, AC joint arthritis, and effusion of the glenohumeral joint. Treatment to date has included antidepressants, opioids, NSAIDs, cortisone injections to the right knee and shoulder, physical therapy to the right knee, and right knee arthroscopic surgery in August 2012 and September 2013. Utilization review from December 17, 2013 denied the requests for right shoulder decompression, debridement, distal clavicle excision, possible rotator cuff repair, possible labral repair; a surgical assistant, 12 post-op physical therapy sessions; Keflex (500mg, #12); Zofran (4mg, #10); ibuprofen (600mg, #90); Colace (100mg, #10); and Norco (7.5/325mg, #50) as there was no documentation of conservative management aside from shoulder injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Decompression, Debridement, Distal Clavicle Excision, Possible Rotator Cuff Repair, Possible Labral Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Surgery for impingement syndrome; Surgery for rotator cuff repair.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. Criteria for arthroscopic decompression (acromioplasty) include 3-6 months of conservative care; subjective findings - pain with active arc motion at 90-130 degrees and pain at night; objective findings - weak or absent abduction or atrophy, tenderness over rotator cuff or anterior acromial area, and positive impingement sign with temporary relief with anesthetic injection; and positive imaging findings of impingement. According to ODG, surgery for rotator cuff repair is indicated in patients with diagnosed full thickness rotator cuff tear and cervical pathology and frozen shoulder syndrome have been ruled out; shoulder pain and inability to elevate the arm; weakness with abduction; and imaging showing evidence of deficit in rotator cuff. In this case, there is lack of evidence showing that the patient has had adequate conservative care to the right shoulder. The patient is taking an NSAID and opioid, and has received one cortisone injection to the right shoulder. There are also no clear imaging findings of impingement. Therefore, the request for right shoulder decompression, debridement, distal clavicle excision, possible rotator cuff repair, possible labral repair was not medically necessary.

**Post-Operative Physical Therapy Sessions (12-sessions): 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 request for the right shoulder decompression, debridement, distal clavicle excision, possible rotator cuff repair, possible labral repair has been deemed not medically necessary; therefore, the request for post-operative physical therapy, is likewise not medically necessary.

**Keflex (500mg - #12): 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 request for the right shoulder decompression, debridement, distal clavicle excision, possible rotator cuff repair, possible labral repair has been deemed not medically necessary; therefore, the request for Keflex is likewise not medically necessary

**Zofran (4mg - #10):** 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 request for the right shoulder decompression, debridement, distal clavicle excision, possible rotator cuff repair, possible labral repair has been deemed not medically necessary; therefore, the request for Zofran is likewise not medically necessary.

**Ibuprofen (600mg - #90):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, the patient presents with right shoulder and knee pain symptoms for which an anti-inflammatory medication is medically necessary. However, documentation indicates that the patient is using naproxen. There is no documentation regarding switching from naproxen to ibuprofen. Additional information is necessary to support this request. Therefore, the request is not medically necessary.

**Colace (100mg - #10):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, patient has been on chronic opioid therapy since 2013 necessitating prophylactic treatment for constipation. However, a simultaneous request for Norco has been deemed not medically necessary. There is no indication for Colace at this time. Therefore, the request is not medically necessary.

**Norco (7.5/325mg - #50): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient presents with right shoulder and knee pain symptoms for which continued analgesia is medically necessary. However, documentation indicates that the patient is using Vicodin. There is no documentation regarding switching from Vicodin to Norco. In addition, the request for shoulder arthroscopic surgery was not authorized, and additional pain medication is not recommended at this time. Therefore, the request is not medically necessary.

**Surgical Assistant: 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 request for the right shoulder decompression, debridement, distal clavicle excision, possible rotator cuff repair, possible labral repair has been deemed not medically necessary; therefore, the request for surgical assistant, is likewise not medically necessary.