

Case Number:	CM14-0008067		
Date Assigned:	02/12/2014	Date of Injury:	12/30/2008
Decision Date:	07/08/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 48-year-old male with a 12/30/08 date of injury. He sustained cumulative trauma to his hearing, shoulders, back, and neck from repetitive activity. A 12/13/13 note states the patient had ongoing shoulder and neck pain. Objective exam: stiff ROM of the neck with 5/5 upper extremity pain. In the left shoulder there is pain with OBriens test and ROM. There is 130 degrees of abduction and 150 degrees of forward flexion. On 7/8/11 a MRI of the shoulder showed rotator cuff tendinosis with small partial undersurface tears, glenohumeral joint degenerative changes with extensive subchondral cyst formation, and inferior glenohumeral joint thickening which could be related to adhesive capsulitis. Diagnostic Impression: Rotator Cuff Syndrome. Treatment to date: cortisone injections, physical therapy, medication management. A UR decision dated 1/10/14 denied the request for the SLAP repair/biceps surgery because the MRI showed no evidence of a SLAP tear. The left shoulder scope and debridement as well as 12 sessions of physical therapy were certified. The Game Ready unit was denied because guidelines do not support it. The Phenergan was denied because there was documentation of medical necessity for it. The Keflex was denied because the provider withdrew the request. Physical therapy was modified to 12 sessions post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER SCOPE DEBRIDEMENT, SLAP REPAIR, BICEPS SURGERY:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-11.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter ; Medical Treatment Guideline or Medical Evidence: Wheelless' Textbook of Orthopaedics: Biceps Tendonitis-Tendonopathy.

Decision rationale: ODG states that surgery for SLAP lesions is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved, in addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. CA MTUS states that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. However, the MRI of the shoulder does not demonstrate a SLAP lesion. CA MTUS does not routinely support biceps repair and states that most injuries can be managed conservatively. There is no clear documentation of a biceps tendon rupture or functional limitations in relation to the biceps tendon. Therefore, the request for Left Shoulder Scope Debridement, SLAP repair, and Biceps surgery was not medically necessary.

POST-OP PHYSICAL THERAPY, 3 TIMES A WEEK FOR 8 WEEKS, TO START:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines support up to 24 sessions of physical therapy post-operatively after surgical treatment for rotator cuff/impingement syndrome. Therefore, the request for Post-Op Physical Therapy, 3 times a week for 8 weeks, was medically necessary.

GAME READY CRYO UNIT, 14 DAY RENTAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality

studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT. Therefore, the request for a Game Ready Cryo Unit, 14 day rental was not medically necessary.

KEFLEX 500MG, #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 'Antibiotic prophylaxis for arthroscopy of the knee: is it necessary?' (<http://www.ncbi.nlm.nih.gov/pubmed/17210420>).

Decision rationale: CA MTUS and ODG do not address this issue. Peer reviewed literature states that there is no value in administering antibiotics before routine arthroscopic surgery to prevent joint sepsis. There is no discussion provided as to any risk factors in this patient or concerns regarding developing infection. It is unclear why 2 tablets of Keflex is being prescribed for this patient. Therefore, the request for Keflex 500 mg #2 was not medically necessary.

PHENERGAN 25MG, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Phenergan).

Decision rationale: The FDA states that Phenergan is indicated for active and prophylactic treatment of motion sickness; antiemetic therapy in postoperative patients; anaphylactic reactions; as adjunctive therapy to epinephrine and other standard measures, after the acute manifestations have been controlled; preoperative, postoperative, or obstetric sedation; or prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery. However, there is no indication that this patient needs nausea prophylaxis. There is no description of a previous experience with pre-operative emesis, and no rationale provided by the physician to necessitate the use of Phenergan. Therefore, the request for Phenergan 25 mg #30 was not medically necessary.