

Case Number:	CM14-0014351		
Date Assigned:	02/26/2014	Date of Injury:	02/28/2009
Decision Date:	07/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 36-year-old female injured on February 28, 2009. The records provided for review documents an injury to the left shoulder, for which a June 26, 2012, MRI showed no evidence of internal derangement. The records state that the claimant was treated conservatively post-injury, including physical therapy, management with medications and corticosteroid injection. The only documentation of physical examination findings is a September 30, 2013, progress report, which notes that the claimant possessed full range of motion and "good strength" in all directions. A January 22, 2014, progress report states that, due to failed conservative care, surgical intervention to include a shoulder arthroscopy decompression, possible labral and rotator cuff repair is recommended. The records contain no documentation of further imaging. This request is for the recommended surgical procedures to the left shoulder, 12 sessions of post-operative physical therapy, 500 mg of Vitamin C and the following medications: Keflex, Zofran, ibuprofen, Colace, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder decompression, debridement, possible labral repair, possible rotator cuff repair (RCR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 290.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-211.

Decision rationale: According to California MTUS/ACOEM Guidelines, the request for surgical intervention to include decompression with possible rotator cuff repair would not be indicated. The available imaging results are negative for relevant findings, and physical examination did not demonstrate any evidence of weakness or functional deficit. Therefore, the request for left shoulder decompression, debridement, possible labral repair, possible rotator cuff repair (RCR) is not medically necessary and appropriate.

Post-operative physical therapy, twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OPERATIVE MEDICATION: KELFLEX 50 MG, #12: 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) Treatment in Worker's Comp 18th Edition, 2013 Updates: infectious procedure - Cephalexin (Keflex; ½).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ZOFRAN 4 MG, #10: 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) Treatment in Worker's Comp , 18th Edition, 2013 Updates: pain procedure - Antiemetics (for opioid nausea).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ibuprofen 600 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Non-steroidal anti-inflammatory drugs (NSAIDs)-Nonselective ibuprofen Page(s): 70-73.

Decision rationale: The California MTUS Chronic Pain Guidelines would not support continued use of ibuprofen. Under the Chronic Pain Guidelines, the use of nonsteroidal anti-inflammatory medications is recommended for use in the smallest possible doses for the shortest durations of time in the chronic setting. The claimant's records do not document positive physical exam findings or imaging findings that would support the continued need for this medication; therefore, the request for Ibuprofen 600 mg # 10 is not medically necessary and appropriate.

COLACE 100 MG, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Steps to Take Before a Therapeutic Trial of Opioids: initiating therapy, page 76-78 Page(s): 76-78.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

NORCO 7.5/325, #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids: Hydrocodone, page 91, 79-80 Page(s): 91,79-80.

Decision rationale: The requested shoulder surgeries are not established as medically necessary. Therefore, the request for post-operative use of Norco is not medically necessary.

VITAMIN C 500 MG, #60: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Vitamin C.

Decision rationale: The requested shoulder surgeries are not established as medically necessary. Therefore, the request for post-operative-related use of Vitamin C is not medically necessary.