

<b>Case Number:</b>	CM14-0110252		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 50 year old male who sustained an injury on 02/06/04 while attempting to stop a rolling garbage truck. The injured worker sustained injuries to the bilateral shoulders. The injured worker had prior right shoulder arthroscopy in 2004 including debridement of the rotator cuff with resection of the coracoacromial ligament and subacromial bursa. The injured worker then underwent left shoulder arthroscopy for debridement of the rotator cuff and acromioplasty of the same year. Repeat right shoulder arthroscopies for subacromial decompression and acromioclavicular joint resection was noted in 07/08 and debridement of posterior superior labrum anterior and posterior (SLAP) lesion. Prior medications included antiinflammatories and muscle relaxers and analgesics. Further surgical intervention had not been recommended by prior treating physicians. The injured worker was recommended for total left knee replacement in 12/13. Clinical records by attending physician continued to recommend right total knee replacement. There was no discussion of the shoulders and no recent imaging was available for review. The requested procedures for the left and right shoulder with postoperative durable medical equipment (DME) and medications were denied by utilization review on 06/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy, SAD and AC (Acromioclavicular joint) Resection: Upheld**

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

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

**Decision rationale:** The requested procedures for this injured worker would not be supported as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Clinical documentation for this injured worker discussed continuing recommendations for left total knee replacement. There was no further rationale for repeat surgical procedures for the left or right shoulder. No updated imaging studies of the shoulders were available for review and there was no discussion of further conservative treatment. Given the lack of any surgical indications for this injured worker, this request is not medically necessary.

**Right shoulder arthroscopy, SAD and AC (Acromioclavicular joint) Resection:** Upheld

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

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

**Decision rationale:** The requested procedures for this injured worker would not be supported as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Clinical documentation for this injured worker discussed continuing recommendations for left total knee replacement. There was no further rationale for repeat surgical procedures for the left or right shoulder. No updated imaging studies of the shoulders were available for review and there was no discussion of further conservative treatment. Given the lack of any surgical indications for this injured worker, this request is not medically necessary.

**Vascutherm4 with DVT Cold Compression (21 day rental per vendor score):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

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

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

**Retro- Diclofenac XR 100MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** In regards to the retrospective use of Diclofenac extended release (XR) 100 milligrams quantity sixty, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription nonsteroidal antiinflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over the counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. Therefore, this request is not medically necessary.