

<b>Case Number:</b>	CM14-0111440		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Orthopaedic 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 52-year-old female sustained an industrial injury on 7/26/12. The mechanism of injury was not documented. Past surgical history was positive for a right Bankart procedure with anchors in the anterior/inferior glenoid 22 years ago. The patient was status post right shoulder arthroscopy with co-planing of the clavicle, acromioplasty with release of the coracoacromial ligament, synovectomy of the glenohumeral and subacromial bursa, and debridement of the rotator cuff and labrum on 3/7/13. The 2/24/14 AME report cited continued right shoulder pain and functional limitations in the post-operative period, slightly worse than pre-operative symptoms. She reported night time pain and numbness, aching, and occasional popping. Difficulty was reported with reaching out to the side or behind her back, carrying, gardening, mowing the lawn, and using her firearm. Physical exam documented decreased right grip strength, slight supraspinatus atrophy, flexion/abduction 150 degrees, slight right acromioclavicular joint tenderness, positive impingement sign, positive supraspinatus isolation test, and external rotation and flexion weakness. The patient was deemed permanent and stationary with future medical recommended including possible surgery. On 4/30/14, the treating physician reported that the shoulder had been bothering her since surgery. Pain had progressive worsening, the shoulder was popping at times, and she was unable to sleep. Physical exam documented range of motion decreased in flexion/abduction with impingement pain and positive drop test. The 6/25/14 right shoulder MRI documented very attenuated bicipital tendon without apparent disruption, full thickness supraspinatus tears, extensive degenerative changes and tears in the labra, and slightly more prominent Hill-Sachs deformity posterolaterally in the humeral head. The 6/25/14 treating physician progress report cited continued pain in the area of the biceps tendon with palpation very painful. Physical exam documented subacromial tenderness to palpation, positive external rotation testing, and very positive impingement test. Surgery was recommended. The 7/9/14

utilization review denied the right shoulder surgery and associated requests as there was inadequate patient information to indicate whether findings were simply post-surgical changes or a substantial deterioration or clinical change since surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right shoulder rotator cuff tear repair and biceps tendon tenodesis: Overturned**

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

**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, Surgery for rotator cuff repair.

**Decision rationale:** The California MTUS guidelines state that rotator cuff repair is indicated for significant tears that improve activities but causing weakness of arm elevation or rotation. The Official Disability Guidelines for rotator cuff repair with a diagnosis of full-thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. Guideline criteria have been met. This patient presents with persistent shoulder pain and disability, slight supraspinatus atrophy, and imaging findings of full-thickness rotator cuff tears and very attenuated biceps tendon. The patient has failed to improve with surgery, completion of physical therapy, Home Program, activity modification, and medications. Therefore, this request for right shoulder rotator cuff tear repair and biceps tendon tenodesis is medically necessary.

#### **Post operative Percocet 10/32mg #40: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list, page(s) 76-80, 92 Page(s): 76-80, 92.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of Percocet for moderate to moderately severe pain on an as needed basis. Guidelines support an initial dose of 2.5 to 5 mg and allow doses from 10 to 30 mg for severe pain. Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have not been met. There is no evidence that the Norco currently being used and prescribed for post-operative use would be inadequate to address this patient's pain. Therefore, this request for post operative Percocet 10/325 mg #40 is not medically necessary.

**Post operative Norco 10/325mg #40: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list, page(s) 76-80, 91 Page(s): 76-80, 92.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of Hydrocodone/Acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling both acute and chronic pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met for the post-operative use of Norco. Records indicate that the patient was using Norco 10/325 mg #4 per day for pre-operative pain management. Additional prescription is requested for the post-operative use. Continuation during the post-operative period is consistent with guidelines. Therefore, this request for Norco 10/325 mg #40 is medically necessary

**Post operative physical therapy X 12: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine period. This request for initial post-op physical therapy is consistent with guidelines. Therefore, this request for post operative physical therapy X 12 is medically necessary.