

<b>Case Number:</b>	CM14-0114985		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 injured worker is a 54 year old male who was injured on October 17, 2012. The mechanism of injury was pulling a rope tied to tree branches. The rope pulled back, injuring his right shoulder. The diagnosis is noted as rotator cuff syndrome of shoulder and allied disorders. The most recent progress note dated 6/12//2014 revealed complaints of increased pain in the right shoulder since his last visit, with decreased range of motion An MRI of the shoulder on 5/29/14 revealed mild infra- and supraspinatus tendonitis, as well as acromioclavicular (AC) joint arthritis. The patient had had rotator cuff surgery prior to a PR-2 dated 3/7/14. Urine toxicology tests were performed on 4/23/14, 6/18/14 7/17/14 and revealed no opioids, specifically no hydrocodone. A prior utilization review determination dated 7/22/14 resulted in approval of Norco #120 on the grounds that the patient was well monitored and taking the medication appropriately. The review denied pre-authorization of the urine toxicology screen and orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM: Chapter 7 pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Consultations, p 132.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 209 and on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, Consultations, page 13.. The Expert Reviewer's decision rationale:According to the ACOEM Guidelines, Shoulder, Chapter 9, page 209 (p 292 in the MTUS): Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The MRI cited above does not show a surgical lesion. Range of motion is not specified. The request did not specify the patient's activity status, and did not pose specific questions for the consultant, as recommended in Chapter 7 of the ACOEM Guidelines. Medical necessity not established.

**Urine Toxicology Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Differentiation, Dependence, Addiction Page(s): 85, 119.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, Differentiation, Dependence, Addiction, pages 85, 119. The Expert Reviewer's decision rationale: The patient has had at least three negative toxicology screens. He is therefore not taking the Norco, and is possibly diverting it. The Norco should not have been authorized and should not be authorized in the future. Repeat negative screens are unnecessary when misuse has already been documented. The request for a urine toxicology screen is considered not medically necessary.