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| <b>Case Number:</b>   | CM14-0146907 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 02/19/2014 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 08/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2014 |

### 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, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 42 year old male injured on February 19, 2014 due to being kicked in the arm by a cow while applying a milking device. The clinical note by orthopedic surgeon, dated August 28, 2014, indicate the injured worker has been in pain since the industrial event. The injured worker reports pain in the left shoulder and in the upper thoracic spine. The pain is posterior over the left trapezial/scapular area with decreased range of motion to the shoulder. The injured worker is taking ibuprofen, tramadol, and Flexeril. Physical exam of the left shoulder reveals full range of motion of the left shoulder: abduction 120 degrees, flexion 90 degrees, internal rotation 40 degrees, and external rotation at 40 degrees. Positive impingement test, slight pain to palpation over the coracoids that is worse over the posterior shoulder as well as the inner border of the scapula, no winging of the scapula. Grip strength using Jamar dynamometer with three measurements taken: right; 80/80/80 pounds, left; 60/62/65. Neurological exam reveals distal circulation intact, no numbness in either right or left upper extremity, slight pain over the inner border of the left scapula but no winging, and slight pain over the coracoids. No muscular atrophy is noted. No abnormal pain behavior is noted. No numbness or tingling in fingers. Negative Tinel's Sign at the cubital tunnel and carpal tunnel. Negative Phalen's Test at the wrist. Diagnosis, left shoulder internal joint pathology, possible labral tear or rotator cuff tear. MR arthrogram of the left shoulder, dated May 14, 2014, revealed intact left rotator cuff, intact left glenoid labrum, moderate bone marrow edema and a subchondral cyst in the distal end of the left clavicle and mild laterally down sloping orientation of the left acromion. The injured worker received a trigger point injection to the left shoulder on May 28, 2014. MRI of the left shoulder, done on June 27, 2014, post arthrogram injection, revealed evidence of edema of the distal clavicle otherwise no bony abnormality. The injured worker has undergone 12 visits of physical therapy from March 2014 to May 2014, 6 of those visits were ordered for the trapezius region.

The previous request for Surgery - Left Shoulder, 12 sessions of Physical therapy, Keflex 500mg #12, Zofran 4mg #1, Colace 100mg #10, Norco 7.5/325mg #50, Vitamin C 500mg #60, and Ibuprofen 600mg #90 - daily dose 3, were denied in prior utilization review dated August 7, 2014.

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

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

#### **Surgery - Left Shoulder SX: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation (TWC) - Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The injured worker has continued, significant reduction in strength and range of motion of his left shoulder despite more than 6 months of conservative treatment including activity modification and physical therapy. MRI, x-rays, and physical exam findings are consistent with acromioclavicular joint arthritis and adhesive capsulitis. MTUS guidelines are met for the requested procedure. Therefore, the request is medically necessary.

#### **12 sessions of Physical therapy: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** MTUS guidelines suggest an initial period of therapy of one-half the total of 24 visits for arthropathy, unspecified. 12 visits would meet this guideline. Therefore, the request is medically necessary.

#### **Keflex 500mg #12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17210420>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Keflex (Cephalexin)

**Decision rationale:** MTUS does not address Keflex. Official Disability Guidelines states Keflex is first line therapy for cellulitis (infection) and other conditions. There is no evidence for active infection in this injured worker. Therefore, the request is not medically necessary.

**Colace 100mg #10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** MTUS Chronic Pain Treatment Guidelines indicate constipation prophylaxis should be considered upon initiation of opioid therapy, which will be initiated after the requested right shoulder surgery. The request is medically necessary.

**Norco 7.5/325mg #50:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**Decision rationale:** MTUS does not address Vitamin C. The above reference suggests the use of Vitamin C in the post-operative period to aid in wound healing. Because the request for right shoulder surgery was deemed medically necessary, the request for Vitamin C is medically necessary.

**Vitamin C 500mg #60:** Overturned

**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: British Journal of Surgery 12/5/2005, Hunt, et. al

**Decision rationale:** MTUS allows for the use of hydrocodone for short term use for the relief of pain. Because right shoulder surgery was recommended as medically necessary, and will require pain management, the request for Norco is also medically necessary.

**Ibuprofen 600mg #90 - daily dose 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22/127.

**Decision rationale:** MTUS guidelines consider anti-inflammatory medications such as Ibuprofen to be a first line of treatment of pain. The right shoulder surgery was deemed medically necessary and will require pain management. The request for Ibuprofen is medically necessary.

**Zofran 4mg #1:** 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), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics

**Decision rationale:** MTUS does not address Zofran. Official Disability Guidelines state Zofran is appropriate for post-operative nausea. Because the surgery was deemed medically necessary, the request for Zofran for post-operative nausea is medically necessary.