

Case Number:	CM14-0023011		
Date Assigned:	05/16/2014	Date of Injury:	10/25/2012
Decision Date:	10/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 52-year-old male who sustained an injury on October 25, 2012. The mechanism of injury was not noted in the clinical records. The injured worker was followed for bilateral complaints of shoulder pain. Recent treatment included trigger point injections to the scapula and subacromial injections to the bilateral shoulders in September and October of 2013. Per the record from [REDACTED] on December 05, 2013, the injured worker noted improvement with the left subacromial injection. Conservative treatment included chiropractic therapy. On physical examination, there was tenderness to palpation in the rotator cuff bilaterally with positive impingement signs. Abduction was limited to 90 degrees with weakness on resisted strength testing. At this visit, the injured worker was continued on topical LidoPro cream and Terocin patches. Medications included naproxen 550mg, Protonix 20mg, Flexeril 7.5mg, and tramadol ER 150mg. Follow up on January 10, 2014 noted the injured worker was utilizing a TENS unit and hot and cold wraps. The injured worker continued to report bilateral shoulder pain more significant to the left side. On physical examination, there was continued weakness with strength with resisted strength testing. Impingement signs continued to be positive. Recommendations were for left shoulder impression with removal of calcific lesions and evaluation of shoulder joint biceps tendon and labral attachment. Medications were continued at this visit. Follow up on February 11, 2014 continued to report constant pain in the bilateral shoulders. Per the record, the injured worker was receiving benefit from medications. On physical examination, abduction in the bilateral shoulders continued to be restricted to 100 degrees. It was unclear if this was active or passive finding. Surgical recommendations were again noted and medications were continued. The record from March 06, 2014 from [REDACTED] indicated the injured worker had calcific tendinitis with symptomatic loss of motion that was improved with injections. Physical examination continued to note loss of abduction to 90 degrees

with tenderness along the rotator cuff. Impingement signs continued to be positive and there was weakness on resisted strength testing. The injured worker returned for follow up on April 01, 2014. The injured worker had recent aquatic therapy and continued to utilize TENS unit. The injured worker was also utilizing a lumbar brace. This evaluation was for sacroiliac joint symptoms. The injured worker received further trigger point injections along the scapular regions of the bilateral shoulders on April 04, 2014. On May 06, 2014, the injured worker continued to have bilateral shoulder complaints. Physical examination findings for the shoulders remained unchanged. No imaging studies were available for review. The requested left shoulder arthroscopy including evaluation of shoulder joint, biceps tendon, and labral attachment with decompression and removal of calcific lesions with pre-operative clearance and history with a polar care rental for 21 days general anesthesia pre-operative ECG EKG pre-operative chest x-rays pre-operative CBC pre-operative CMP post-operative shoulder immobilizer post-operative amoxicillin 875mg #20 post-operative Zofran 800mg #20 Neurontin 600mg #180 Topamax 50mg #120 and Rejuveness silicon sheath were denied by utilization review on February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy and Evaluation of anteroposterior (AP) joints, biceps tendon and labral attachment: 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 Chapter.

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

Decision rationale: In regards to the left shoulder arthroscopy with evaluation of the joint, biceps tendon, and labral attachment, the request is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Prior utilization review noted minimal lack of minimal conservative treatment for the injured worker. The clinical records from [REDACTED] indicated the injured worker had calcific tendinitis in the left shoulder, which was refractory to long term conservative treatment in the clinical literature. Although this is the case for these types of conditions, the clinical documentation did not include any imaging studies of the left shoulder to confirm the presence of calcific tendinitis, which would reasonably require the removal of the lesion. Furthermore, the physical examination findings did not note any involvement of the biceps tendon or labral attachment and there is no evidence of instability to warrant arthroscopy for evaluation of these areas. Therefore, the request is not medically necessary.

Left Shoulder Arthroscopy with Decompression and Removal of Calcific Lesions: Upheld

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

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

Decision rationale: In regards to the left shoulder arthroscopy with decompression and removal of calcific lesions, the request is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Prior utilization review noted minimal lack of minimal conservative treatment for the injured worker. The clinical records from [REDACTED] indicated the injured worker had calcific tendinitis in the left shoulder, which was refractory to long term conservative treatment in the clinical literature. Although this is the case for these types of conditions, the clinical documentation did not include any imaging studies of the left shoulder to confirm the presence of calcific tendinitis, which would reasonably require the removal of the lesion. Therefore, the request is not medically necessary.

Pre-Operative Clearance (history and physical): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Polar Care (21-day rental): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

General Anesthesia: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre Operative Test (Electrocardiogram): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre Operative Test (Chest x-ray): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre Operative Lab Test (Complete Blood Count): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre Operative Lab Test (Comprehensive Metabolic Panel): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Shoulder Immobilizer: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Amoxicillin (875mg, #20): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Zofran (8mg, #20): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Neurontin (600mg, #180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Gabapentin Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In regards to Neurontin, the request is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. From physical examination findings for this injured worker, there was no evidence of any ongoing neuropathic condition that would support the use of anticonvulsants. Although Neurontin is recommended as first line medication in treatment of neuropathic pain physical examination findings did not identify any ongoing neuropathic symptoms that would reasonably support this medication. Therefore, the request is not medically necessary.

Topamax (50mg, #120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In regards to Topamax, the request is not medically necessary. Topamax has limited evidence in the clinical literature regarding its effectiveness in the treatment of neuropathic symptoms. Primarily this medication is utilized as an anticonvulsant but has also been utilized to address headaches. From the clinical documentation submitted for review, the complaints are largely musculoskeletal in nature. There is no evidence of any epileptic or convulsive activity for the injured worker. No headaches were described in the clinical records. There is also limited evidence regarding any ongoing neuropathic condition that would reasonably support the use of this anticonvulsant. Therefore, the request is not medically necessary.

ReJuveness Silicone Sheet: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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