MAXIMUS Federal Services

Case Number:	CM14-0023869		
Date Assigned:	06/11/2014	Date of Injury:	05/01/2012
Decision Date:	08/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopedic Sports Medicine, 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 56-year-old male who sustained an injury on 5/1/12 while trying to lift heavy chains. The injured worker developed complaints of pain in the right shoulder. The injured worker described pain and weakness in the right shoulder and was referred to physical therapy. Prior imaging of the right shoulder from February of 2013 noted a full thickness rotator cuff tear with retraction into the glenohumeral joint level with associated labral tearing and degeneration of the humeral head. The injured worker did not improve with conservative treatment and was ultimately referred for surgical intervention. The injured worker did undergo a right shoulder arthroscopy with debridement of the labrum, arthroscopic tenotomy, and tendon repair of the rotator cuff as well as subpectoralis biceps tenodesis with coracoacromial ligament release performed on 3/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The other concurrent requests that were submitted with surgery included the request for Percocet. This medication alone for postoperative pain management would have been sufficient for the injured worker. There would have needed to be postoperative evaluations of uncontrolled pain to support the additional use of Oxycontin. Therefore, the request is not medically necessary.

COLD THERAPY UNIT RENTAL FOR THE RIGHT SHOULDER FOR THIRTY (30) DAYS: Upheld

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 Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that a cold therapy unit may be used for 7-days postoperative. The requested 30 days of a cold therapy unit rental would be considered excessive. As such, the request is not medically necessary.

INPATIENT STAY ONE (1) TO TWO (2) DAYS:

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 Official Disability Guidelines.

Decision rationale: For the procedures performed, a 23 hour observation stay would be medically appropriate. There would have needed to be evidence of postoperative complications such as infection or lack of effective pain control to warrant a further inpatient stay beyond a 23 hour observation period. Therefore, the request is not medically necessary.