

<b>Case Number:</b>	CM14-0024882		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 64-year-old female sustained an industrial injury on 6/17/08. The mechanism of injury is not documented. The 11/27/13 right shoulder CT scan showed a complete anterior dislocation of the humeral head and small bone fragments in the joint. The 1/17/14 treating physician report cited continued right shoulder pain and limited function with inability to actively lift above shoulder level or reach beyond the edge of the buttock. There was pain with all motion and difficulty caring for herself. Right shoulder chronic subcoracoid dislocation following manipulation under anesthesia was diagnosed in 2011. Conservative treatment had not recovered motion and function, and she was unable to work. The treatment plan requested a reverse shoulder arthroplasty with assistant surgeon, one overnight stay, medical clearance and lab work, post-operative physical therapy 2x6, Norco 10, and a sling. The 1/29/14 utilization review certified the request for right shoulder reverse arthroplasty, one day inpatient stay, post-operative physical therapy 2x6, assistant surgeon, and sling. The requests for medical clearance and lab work were partially certified for a complete blood count, basic metabolic panel, and a urinalysis, as there was no documentation of a significant past medical history to warrant a specialty referral for medical clearance or additional lab work. The request for Norco 10/325 was partially certified for a one month supply. The 3/17/14 progress report indicated that the patient had a history of abnormal chest x-ray with a possible mass, but was unable to provide additional information. The treating physician opined this history needed to be cleared before the patient could undergo general anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL CLEARANCE:** 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), TWC Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Institute for Clinical Systems Improvement (ICSI). Preoperative Evaluation.

**Decision rationale:** Under consideration is a request for medical clearance. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met for pre-operative medical clearance. This patient is a 64-year-old female with positive past medical history for an abnormal chest x-ray and a possible mass. This history supports the medical necessity of a medical clearance prior to undergoing general anesthesia. Therefore, this request for Medical Clearance is medically necessary.

**LAB WORK:** 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), TWC Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Pre-operative lab testing.

**Decision rationale:** Under consideration is a request for lab work. The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In general, guidelines support urinalysis for patients undergoing implantation of foreign material, electrolyte and creatinine testing in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure, and a complete blood count when significant perioperative blood loss is anticipated. Guideline criteria have been met for pre-operative lab work. The 1/29/14 utilization review partially certified a complete blood count, basic metabolic panel, and a urinalysis consistent with guidelines. There is no compelling reason submitted by the treating physician to support the medical necessity of additional lab work. Therefore, this request for Lab Work is not medically necessary.

**NORCO 10/325MG X 1 MONTH SUPPLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-91.

**Decision rationale:** Under consideration is a request for Norco 10. 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. The 1/29/14 utilization review partially certified the request for Norco 10 for a one month supply of Norco 10/325 mg to allow for post-operative pain management. The provider did not specify a quantity of medication. There is no compelling reason to support the medical necessity of Norco beyond the amount already approved. Therefore, this request for Norco 10 is not medically necessary.