

Case Number:	CM14-0042710		
Date Assigned:	06/30/2014	Date of Injury:	09/02/2011
Decision Date:	07/31/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/09/2014

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 57-year-old male roofer sustained an industrial injury on 9/2/11. The injury was sustained while he was walking on a roof and fell on his right side hitting his shoulder, low back and head. Past medical history was positive for diabetes. The patient underwent right shoulder arthroscopic acromioplasty, extensive debridement including Mumford procedure, complete synovectomy, and biceps tenodesis on 5/14/13. The 10/10/13 right shoulder MRI (magnetic resonance imaging) impression documented stable mild supraspinatus and infraspinatus tendinosis and stable superior labral tear. The findings documented resection of the distal clavicle and acromioplasty with normal type II acromial configuration. The 2/13/14 orthopedic report cited constant moderate to severe right shoulder pain. Pain was aggravated with lifting, pushing, pulling, reaching, sleeping on the shoulder, and overhead activities. Pain was relieved by medications provided by the primary treating physician. Surgery was indicated due to the degree of pain and failure. Right shoulder exam documented subacromial and acromioclavicular (AC) joint tenderness. Range of motion was limited in all ranges by pain. Right shoulder x-rays showed good glenohumeral relationship, no evidence of heterotopic calcifications or acute fractures, and post-operative changes compatible with acromioplasty, AC joint resection, and biceps tenodesis. The patient had failed a trial of standard conservative treatment. The treatment plan recommended right shoulder open Mumford procedure (open distal claviclectomy). The medications were prescribed including Ultram ER, Anaprox DS, and Prilosec. The 2/24/14 orthopedic report stated that the patient did not want to proceed with the right shoulder surgery and wished to accept the condition as is. The 3/11/14 utilization review denied the request for right shoulder surgery and associated durable medical equipment. The records documented that the patient did not wish to proceed with surgery and wanted to accept his condition as it was. Requests were Ultram and Anaprox DS were conditionally non-certified due to lack of

information. The request for Prilosec was denied as the patient did not meet guideline criteria for gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) right shoulder open Mumford procedure/open distal claviclectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Acromioplasty.

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

Decision rationale: The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines (ODG) for partial claviclectomy generally require six weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. The ODG criteria have not been met. The patient underwent Mumford procedure on 5/14/13. Imaging and radiographic findings do not meet guideline indications for a repeat procedure. The patient reports medications are helpful for his pain complaints and did not want to proceed with the right shoulder surgery per the surgeon and primary treating physician reports. Therefore, this request for right shoulder open Mumford procedure/open distal claviclectomy is not medically necessary.

Prospective request for one (1) 21 day use of Continuous Passive Motion (CPM) machine: 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 (Acute & Chronic), Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous passive motion (CPM).

Decision rationale: Since the primary procedure (one (1) right shoulder open Mumford procedure/open distal claviclectomy) is not medically necessary, none of the associated services (one (1) 21 day use of Continuous Passive Motion (CPM) machine) is medically necessary.

Prospective request for one (1) cold therapy machine: 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 (Acute & Chronic), Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous flow cryotherapy.

Decision rationale: Since the primary procedure (one (1) right shoulder open Mumford procedure/open distal claviclectomy) is not medically necessary, none of the associated services (one (1) cold therapy machine) is medically necessary.

Prospective request for one (1) prescription of Sprix spray #40 for five days: 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), Pain (Chronic), Sprix (ketorolac tromethamine nasal spray).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Sprix (ketorolac tromethamine nasal spray).

Decision rationale: Since the primary procedure (one (1) right shoulder open Mumford procedure/open distal claviclectomy) is not medically necessary, none of the associated services (one (1) prescription of Sprix spray #40 for five days) is medically necessary.

**Prospective request for one (1) prescription of Prilosec 20mg #60 with two refills:
Overturned**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years old, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The MTUS guideline criteria have been met. The medical records indicate that the patient had been taking Anaprox DS 550mg three times a day since 9/26/13. At this dose, it would be considered high-dose which would meet MTUS guidelines criteria and place the patient at risk for gastrointestinal events. Therefore, the request for one (1) prescription of Prilosec 20mg #60 with two refills is medically necessary.

