

<b>Case Number:</b>	CM14-0044524		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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:

The claimant is a 44-year-old female who sustained an injury to the right shoulder on December 21, 2011. In April 2012, the claimant underwent a right shoulder arthroscopic subacromial decompression, followed by an August 3, 2012, manipulation under anesthesia to address postoperative stiffness and adhesive capsulitis. The records provided for review include the report of a December 6, 2013, MRI that showed supraspinatus tendon inflammation and postsurgical changes to the acromion. The imaging study showed no acute, clinical findings. On March 1, 2014, physical examination revealed continued tenderness to palpation at the proximal biceps and greater tuberosity. No tenderness was noted at the acromioclavicular joint; rotator cuff strength was global at 4/5. The records state that the claimant failed postoperative care. This request is for: right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions; an assistant surgeon; 12 sessions of postoperative physical therapy; and the postoperative use of Keflex, Zofran, ibuprofen, Colace, Norco and vitamin C.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Poss Labral Repair, Poss RCR, Subacromial Decompression, Debridement, Manipualte, Lysis, Resect Adhesion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013.

**Decision rationale:** Based on California MTUS ACOEM Guidelines and Official Disability Guidelines, right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions would not be supported. ACOEM Guidelines would support the role of labral or rotator cuff surgery when imaging studies confirm the presence of tearing. ODG Guidelines do not support surgical lysis of adhesions or resections for the treatment of adhesive capsulitis. In this case, the claimant previously underwent a subacromial decompression and manipulation under anesthesia. Current imaging studies show no labral or rotator cuff pathology. Absent documentation of tearing on imaging study, and given that guidelines criteria do not support the recommended surgery for adhesive capsulitis, this request would not be established as medically necessary.

**Assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.fchp.org/providers/medical-management/-/medical/files/providerspdfs/paymentpolicies/assistant\\_surgeons\\_pay\\_policy1111.ashx](http://www.fchp.org/providers/medical-management/-/medical/files/providerspdfs/paymentpolicies/assistant_surgeons_pay_policy1111.ashx).

**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: Milliman Care Guidelines 18th. edition: assistant surgeon Assistant Surgeon Guidelines (Codes 29355 to 29901) CPT® Y/N Description 29827 N Arthroscopy, shoulder, surgical; with rotator cuff repair.

**Decision rationale:** The request for right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions is not established as medically necessary. Therefore, the request for an assistant surgeon is not medically necessary.

**Post Op Physical Therapy; two (2) times a week for (6) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions is not established as medically necessary. Therefore, the request for 12 sessions of postoperative physical therapy is not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/keflex.html>.

**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: Prokuski L. Source University of Wisconsin Hospitals, Madison, WI 53792, USA. Abstract Recommended as an option in severe cases. See Bone & joint infections: osteomyelitis, acute; Skin & soft tissue infections: cellulitis. The use of prophylactic antibiotics in orthopaedic surgery is effective in reducing surgical site infections in hip and knee arthroplasty, spine surgery, and open reduction and internal fixation of fractures. To maximize the beneficial effect of prophylactic antibiotics while minimizing adverse effects, the correct antimicrobial agent must be selected, the drug must be administered just before incision, and the duration of administration should not exceed 24 hours.

**Decision rationale:** The request for right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions is not established as medically necessary. Therefore, the request for the postoperative use of Keflex is not medically necessary.

**Zofran 4mg ODT Q4-6H PRN Nausea:** 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), Ondansetron (Zofran) <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=c7d61d98-fe86-4340-9b86-47eb92acaa8e#nmlm34067-9>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure -Antiemetics (for opioid nausea).

**Decision rationale:** The request for right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions is not established as medically necessary. Therefore, the request for the postoperative use of Zofran is not medically necessary.

**Ibuprofen 600mg TID with Food #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The request for right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions is not established as medically necessary. Therefore, the request for the postoperative use of ibuprofen is not medically necessary.

**Colace 100mg BID #10:** 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 Steps to Take Before a Therapeutic Trial of Opioids: initiating therapy, online.

**Decision rationale:** The request for right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions is not established as medically necessary. Therefore, the request for the postoperative use of Colace is not medically necessary.

**Norco 7.5/325mg 1-2 Q4-6H PRN #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** The request for right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions is not established as medically necessary. Therefore, the request for the postoperative use of Norco is not medically necessary.

**Vitamin C 500mg QD #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/vitamin-c.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Vitamin C.

**Decision rationale:** The request for right shoulder arthroscopy, labral/rotator cuff repair, subacromial decompression, debridement, manipulation under anesthesia and lysis of adhesions is not established as medically necessary. Therefore, the request for the postoperative use of vitamin C is not medically necessary.





