

Case Number:	CM14-0045005		
Date Assigned:	07/02/2014	Date of Injury:	07/13/2013
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	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 Occupational Medicine 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 is a 56 year-old female with a 7/13/13 date of injury. The patient was seen on 3/20/14 with complaints of shoulder pain and rotator cuff weakness. Exam findings revealed a positive impingement sign. An arthroscopy with post op PT and Norco was requested at this time. The patient had an MRA of the right shoulder on 3/6/14, which revealed a SLAP tear, supraspinatus strain, mild edema in the joint capsule, and type I acromion. She was again seen on 3/20/14 where exam findings revealed decreased PROM, limitation sin abduction and forward flexion, and positive impingement and apprehension signs with a decrease in rotator cuff strength. A progress note from 6/26/14 notes the patient is status post a right shoulder arthroscopy with manipulation and SAD with post op PT. She was noted to have improvements in pain and was noted to be on Norco for postoperative pain. Treatment to date: right shoulder arthroscopy with SLAP repair and MUA and biceps tenodesis, PT, post op Norco. An adverse determination was received on 3/25/14 given the patient's shoulder arthroscopy request was denies hence the associated request for post operative Norco was also denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. A request for an arthroscopy of the right shoulder with post op Norco was denied on 3/25/14, as there was no shoulder exam and no objective evidence for an arthroscopy at that time. The patient later had an MRA showing a SLAP tear and a request for an arthroscopy with SLAP revision, MUA, and post op Norco were medically necessary. Hence, the rationale for this request is unclear, as the patient already had post op Norco is medically necessary. Therefore, the request as submitted was not medically necessary.