

Case Number:	CM14-0047042		
Date Assigned:	07/02/2014	Date of Injury:	02/23/2010
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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 has an industrial injury of 2/23/10. The claimant is status post right shoulder surgery on 6/27/13. An exam note from 3/25/14 demonstrates persistent symptoms in the right shoulder. The pain is described as a 4 out of a possible 10 pain scale. The range of motion is 160 degrees of flexion, 160 degrees of abduction, and adduction is 40 degrees. A report on 1/27/14 revealed positive impingement sign and positive Hawkins sign. An MRI arthrogram of the shoulder demonstrates focal full thickness re-tear of supraspinatus tendon. No documentation in records of prior dosage of Norco, quantity or functional improvement while taking Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Scope, RC Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator Cuff Repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, surgery for rotator cuff.

Decision rationale: According to the CA MTUS Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and

existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 3/25/14 do not demonstrate 4 months of failure of activity modification. The physical exam from 3/25/14 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. While there is evidence of pathology in the rotator cuff from 1/27/14, this in isolation does not satisfy the guidelines. Therefore the request is not medically necessary.

Norco #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 83, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the California MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids such as Norco should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is insufficient documentation of prior dosages of Norco or functional improvement. Therefore the request is not medically necessary.