

Case Number:	CM14-0061726		
Date Assigned:	07/11/2014	Date of Injury:	11/14/2010
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/03/2014

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, has a subspecialty in Pain Management 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 injured worker is a 56-year-old female who sustained work-related injuries on November 14, 2010. The mechanism of injury occurred when she hurt her neck, arm, wrist, shoulder, and back. She has a history of cervical spine radiculitis, lumbar spine radiculitis, rule out lumbar spine disc injury, status post left shoulder arthroscopic surgery, lateral epicondylitis left elbow, rule out ulnar nerve entrapment, rule out cervical spine disc injury, and left carpal tunnel syndrome. As per hand written medicals dated March 25, 2014, the injured worker complained of left shoulder pain that is burning and throbbing. She rated her pain as 9/10 which goes into the arm with swelling. She also complained of neck pain as well as headaches which she rated at 9/10. She also reported sharp back pain with tingling sensation that radiates to the bilateral legs which caused pain and numbness. She rated her pain at 9/10. She also complained of left elbow pain rated at 9/10 with throbbing. She reported throbbing pain of the left elbow rated at 9/10 which radiates to the fingers with associated weakness. Objectively, she noted to develop frozen shoulder. Range of motion was limited in all planes. A limp was also observed. Treatment plan is manipulation under general anesthesia to the left shoulder with cortisone injection as well as physical therapy sessions after the said the manipulation under general anesthesia. As per medicals, the injured worker underwent manipulation under anesthesia and injection of 40 milligrams of cortisone and 10 milliliters of 1% Xylocaine to the left shoulder on May 31, 2014 which she tolerated well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: Zofran (Ondansetron) as per guidelines can be used as prophylaxis for opioid induced nausea and vomiting in the acute or post-operative period. In this injured worker's case, there is documentation that the procedure manipulation under anesthesia with cortisone injection to the left shoulder, Norco 10/325 milligrams #90 and 12 post-manipulation under anesthesia physical therapy sessions has been authorized by a utilization review body on April 21, 2014. Based on this information, the prophylactic use of Zofran 8 milligrams #20 against opioid-induced nausea and vomiting has been established therefore is medically necessary. There is documentation that the manipulation under anesthesia with cortisone injection performed on May 31, 2014 has been authorized by a utilization review body on April 21, 2014. Therefore the requested Zofran (Ondansetron) is medically necessary.

Keflex 500mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5, 582.

Decision rationale: The requested Keflex (cephalexin) 500 milligrams #30 will be used as a post-operative prophylaxis against any potential infection that the injured worker may acquire during the post-operative period. In this case, the manipulation under anesthesia with cortisone injection to the left shoulder has been authorized on April 21, 2014. With evidence that the surgical procedure has been authorized, it is therefore prudent to use post-operative antibiotics as prophylactic treatment against infections. Therefore, the request is medically necessary.