

Case Number:	CM14-0069180		
Date Assigned:	07/14/2014	Date of Injury:	09/26/2013
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 45-year-old who injured on September 26, 2013 while he was instructing cadets at the academy, doing a drill called bull in the ring when he injured his neck, back, shoulder, and elbow. Treatment history includes therapy and medications. Right shoulder surgery was done on June 17, 2014 by [REDACTED]. MRI of the right shoulder dated October 15, 2013 showed recent anterior-inferior glenohumeral dislocation with an associated mildly depressed impaction fracture within the posterior humeral head (Hill-Sachs fracture) and a labral tear seen within the anterior inferior labrum. Mild-moderate AC osteoarthritis with anteriorly downsloping which may result impingement. A progress report dated March 26, 2013 indicates subjective complaints of right shoulder pain that he rates as 7-8/10. On physical exam, shoulder motion was accompanied by trapezius tenderness and pain. Right shoulder exam showed tenderness present in the sternoclavicular joint, anterior capsule and acromioclavicular joint. Acromioclavicular joint instability is absent. Shoulder instability is absent. Right shoulder ROM: Abduction 140 degrees, Adduction 40 degrees, Extension 40 degrees, IR 75 degrees, External rotation degrees, and Flexion 140 degrees. Crepitus on motion was present. Neer, Hawkins maneuver and impingement sign are positive. O'Brien test and drop arm test was negative. Apprehension Maneuver was negative. Strength was 4+ bilaterally in deltoid, biceps, triceps, wrist flexors, wrist extensors, and hand intrinsic. DTRs was +2 biceps, triceps, and brachioradialis. He was diagnosed with mild left shoulder tendinitis, right shoulder severe rotator cuff tendinopathy and tear. Cervical hypertension/hyperflexion rule out disc herniation. An UR dated April 18, 2014 indicates the request for 1-2 days inpatient stay was partially certified to 1 day inpatient stay. The request for vasotherm cold therapy unit - 14 day rental was partially certified to cold therapy unit times 7 day rental. The request for Percocet 10/325 mg #90 was partially certified to

Percocet 10/325 #60. The request for Colace 250 mg #30 was certified considering the claimant has been prescribed with opioids which direct side effect is constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Hospital Stay (1-2 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.

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

Decision rationale: According to ODG guidelines, median length of hospital stay by surgery type is recommended for prospective case management. One day is the median length of stay for shoulder arthroscopy. Medical necessity is not established for a 2 day hospital stay.

Vascutherm Cold Therapy Unit (14-day rental): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

Decision rationale: According to ODG guidelines, continuous cryotherapy may be recommended after shoulder surgery up to 7 days. Medical necessity is not established for 14 days.

Percocet (10/325mg, #90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. The patient is scheduled to undergo right shoulder surgery. Medical necessity is established. However, an initial prescription of #60 should be sufficient at this time. Medical necessity is not established for #90.