

Case Number:	CM14-0074282		
Date Assigned:	08/08/2014	Date of Injury:	10/12/2011
Decision Date:	09/30/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopaedic Surgery and is licensed to practice in Texas, Nebraska, and New Mexico. 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 patient is a 44 year old female who was injured on 10/12/2011 while she was performing her usual and customary repetitive duties at work. Prior medication history included Norco, Soma, Nortriptyline and Ibuprofen. Prior treatment history has included physical therapy for 4 months and right subacromial injection. Diagnostic studies reviewed include MRI of the right shoulder dated 06/23/2014 revealed possible incomplete tear noted along the superior posterior aspect of the patient rotator cuff along the bursal side with subtle increase in the region of the tendinous insertion near the footplate. There is no evidence of retraction. The humeral head is somewhat high-riding in relationship to the glenoid. Initial report dated 02/24/2014 documented the patient to have complaints of right arm pain rated as 7-8/10. She reported the pain is aggravated by getting up in the morning, lifting, pulling, pushing, reaching up and driving. She stated she was taking ibuprofen but it causes abdominal pain. She reported pain, weakness, numbness and irritation. On exam, the right shoulder revealed range of motion of the neck testing causes mild pain on rotation. There is no winging of the scapula or atrophy. There is tenderness noted over the trapezius. Shoulder motion is painful to abduction and internal rotation actively without resistance. Motor strength is intact in all groups. Shoulder flexion is 130 degrees; extension within normal limits; abduction at 130 degrees; adduction within normal limits; internal rotation to 50 degrees; and external rotation to 80 degrees. The right elbow exam revealed mild tenderness over the extensors of the wrist near the elbow. There is pain on extensors of the wrist actively but not passively. Tinel's negative over the median nerve at wrist and ulnar nerve at the elbow bilaterally. Diagnoses are right shoulder impingement syndrome; tendonitis rotator cuff; and right lateral epicondylitis. The treatment and plan included Pamelor 25 mg. Prior utilization review dated 05/01/2014 states the request for Right shoulder Arthroscopic Acromioplasty is denied as it is not supported; and the remaining requests are denied as the surgery was denied

which include Possible Rotator Cuff Repair, Pre-Op Labs: CBC, UA, Basic Metabolic Panel, Pre-Op EKG, Post-Op PT (x6); Post-Op DME: Ultrasling; and Norco 7.5/325 #30 1-2 every 4-6 hrs prn pain is denied; MRI right elbow of 3/26/2014; QME orthopedic report of 3/14/2012; and Neurological exam of 1/4/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Arthroscopic Acromioplasty, Possible Rotator Cuff Repair: 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) Rotator Cuff Repair Acromioplasty.

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

Decision rationale: The patient has undergone a 4 month course of physical therapy directed at regaining range of motion and improving pain. She meets conservative care criteria per ODG. She reports a painful arc of motion that is limited to 130 degrees flexion and adduction. There is ttp over the lateral shoulder. She meets objective criteria with positive impingement signs and ttp over lateral shoulder. There is MRI evidence for partial bursal sided rotator cuff tear. The patient, therefore, meets criteria for proceeding to surgery for acromioplasty with evaluation and possible rotator cuff repair.

Pre-Op Labs: Basic Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing.

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

Decision rationale: The Official Disability Guidelines recommend pre-operative labs based on the patient's physical exam findings and medical history. The initial history describes PMH significant for "hypotension". The patient has also previously seen a cardiologist and had EKG completed in 2012. While a UA is warranted in this case to eval urine B HCG, a full preoperative lab workup including CBC and BMP does not appear warranted as the patient does not have a concerning PMH to necessitate this. The request for Pre-Op lab Basic Metabolic Panel is not medically necessary.

Pre-Op EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing.

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

Decision rationale: The patient has a PMH for hypotension and has been previously evaluated by Cardiology. Last EKG performed in 2012. A baseline EKG would thus be warranted before this surgery, and this would be supported by ODG given her previous history.

Post-Op PT (x6): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):Medical treatment: 10 visits over 8 weeksPost-injection treatment: 1-2 visits over 1 weekPost-surgical treatment, arthroscopic: 24 visits over 14 weeksPost-surgical treatment, open: 30 visits over 18 weeksSix (6) visits Physical Therapy have been requested. The ODG supports up to 24 visits for arthroscopic rotator cuff repair. The request is warranted and medically necessary.

Post-Op DME: Ultrasling: Upheld

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

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

Decision rationale: The ODG supports abduction pillow use only for open repair of large and massive cuff tears. It does not support abduction pillow use in arthroscopic repair and/or partial/incomplete cuff repairs. Therefore, abduction sling use in this indication would not be warranted.Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008).

Norco 7.5/325 #30 1-2 every 4-6 hrs prn pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The use of Norco for routine post-op pain control at the dose and quantity requested is widely accepted and supported by the ODG. Recommend specific dosage and cautions below. See also Opioids for overall classifications. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved Hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 3g/24 hours.

Pre-Op Labs: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Medscape: Preoperative testing.

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

Decision rationale: The Official Disability Guidelines recommend pre-operative labs based on the patient's physical exam findings and medical history. The initial history describes PMH significant for "hypotension". The patient has also previously seen a cardiologist and had EKG completed in 2012. While a UA is warranted in this case to eval urine B HCG, a full preoperative lab workup including CBC and BMP does not appear warranted as the patient does not have a concerning PMH to necessitate this. The request for Pre-Op lab complete blood count (CBC) is not medically necessary.

Pre-Op Labs: UA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Medscape: Preoperative testing.

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

Decision rationale: The Official Disability Guidelines recommend pre-operative labs based on the patient's physical exam findings and medical history. The initial history describes PMH significant for "hypotension". The patient has also previously seen a cardiologist and had EKG completed in 2012. While a UA is warranted in this case to eval urine B HCG, a full preoperative lab workup including CBC and BMP does not appear warranted as the patient does

not have a concerning PMH to necessitate this. The request for Pre-Op lab UA is medically necessary.