

Case Number:	CM14-0076117		
Date Assigned:	08/08/2014	Date of Injury:	04/23/2009
Decision Date:	09/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 Surgeon and is licensed to practice in Texas. 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 57-year-old male who reported injury on 04/23/2009. The mechanism of injury was not provided. There was a Request for Authorization submitted for the injection. The documentation of 02/21/2014 revealed the injured worker was taking Robaxin, Naproxen, Ambien, and Omeprazole. The injured worker indicated that the medications were helping him tolerate his pain. The injured worker was not attending therapy. The injured worker had pain radiating to the feet. The left shoulder had soreness. The injured worker had pain and pinching on the left side of his neck. The objective findings revealed tenderness over the supraspinatus, coracoid, and bicipital groove. The left shoulder abduction was 105 degrees. The injured worker's diagnoses included internal derangement left shoulder, subacromial and subdeltoid bursitis left shoulder, and supraspinatus tendinitis left shoulder. The treatment plan included medications and a technetium bone scan to rule out complex regional pain syndrome or reflex sympathetic dystrophy. Additional treatment included a left shoulder procedure and postoperative protocol including a left shoulder arthroscopy with treatment as indicated followed by a possible open repair of the rotator cuff, preoperative chest x-ray and labs, rental of a cooling unit and TENS unit for 2 weeks postoperatively, postoperative physical therapy, and postoperative medications including Hydrocodone/APAP/Ondansetron 10/300/2 mg with 1 refill. Additionally, the injured worker received an injection of NSAIDs. The other therapies were not provided. The Request for Authorization form was strictly for the Ketorolac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOROLAC WITH XYLOCAINE INJECTION UPPER ARM OR BUTTOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72.

Decision rationale: The California MTUS Guidelines do not recommend Ketorolac injections. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for Ketorolac with Xylocaine injection upper arm or buttock is not medically necessary.

VICOSETRON (HYDROCODONE/APAP/ONDANSETRON) # 30 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TECHNETIUM BONE SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria Page(s): 35,36.

Decision rationale: The California MTUS Guidelines recommend a 3-phase bone scan for the diagnosis of CRPS. The clinical documentation submitted for review indicated the rationale for the request was to test the injured worker for CRPS. However, there was a lack of documentation indicating the injured worker had allodynia, vasomotor changes, edema, or impaired motor function, as well as trophic changes. There were no sudomotor changes noted. Given the above, the request for Technetium Bone Scan is not medically necessary. Additionally, the request as submitted failed to indicate the body part to be scanned.

LEFT SHOULDER ARTHROSCOPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair, and activity limitation for more than 4 months. The clinical documentation submitted for review failed to provide documentation of the conservative care that was provided. There was a lack of documentation including an MRI as no official MRI was provided for review. There was a lack of documentation of objective clinical findings to support the necessity for surgical shoulder intervention. Given the above, the request for Left Shoulder Arthroscopy is not medically necessary.

POSSIBLE OPEN REPAIR OF ROTATOR CUFF: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair, and activity limitation for more than 4 months. The clinical documentation submitted for review failed to provide documentation of the conservative care that was provided. There was a lack of documentation including an MRI as no official MRI was provided for review. There was a lack of documentation of objective clinical findings to support the necessity for surgical shoulder intervention. Given the above, the request for possible open repair of rotator cuff is not medically necessary.

PRE OPERATIVE CHEST X RAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

COOLING UNIT RENTAL (X 2 WEEKS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST OPERATIVE PT (X 8): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.