

Case Number:	CM14-0087936		
Date Assigned:	08/06/2014	Date of Injury:	07/25/2005
Decision Date:	09/12/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/11/2014

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 General 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:

This 53 year old female was injured 7/25/05. She has been diagnosed as of a progress note authored by the requesting provider as having shoulder inflammation with adhesive capsulitis. The diagnoses for the past few years has always been bilateral shoulder impingement syndrome, adhesive capsulitis, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, and prescription narcotic dependence. She has apparently had numerous prior surgeries on both shoulders. On 8/29/13, she had arthroscopic debridement of a left shoulder superior labral tear and partial thickness rotator cuff tear. Postoperatively she reported her post op physical therapy to have been helpful. In spite of the many surgeries, post op physical therapy, opioid medications, and intra articular physical therapy, considerable pain persisted. Of interest is that the Urinary Drug Screenings reported 5/30/13 thru 10/12/13 were inconsistent and were never really discussed per the progress notes. Some did not detect any medications. The Urinary Drug Screenings of 2014 were consistent. A repeat MRI on 4/3/14 indicated adhesive capsulitis, rotator cuff tendinosis without evidence of a tear, acromioclavicular joint resection, and nondisplaced superior labral anterior to posterior tear lesion. On 5/14/14, the requesting provider recommended manipulation under anesthesia and lysis of adhesions laparoscopically or self-directed exercises. His examination only documented forward elevation to 125* and external rotation to 55*, with internal rotation to the low lumbar region. However, on 5/20/14, there is a request for arthroscopic repair of possible labral tear, possible rotator cuff tear, subacromial decompression, and debridement AND, on 6/18/14, the request is for left shoulder arthroscopic manipulation under anesthesia with arthroscopic lysis of adhesions and possible labral tear. There is an operative report dated 6/26/14 where the procedure listed was manipulation under anesthesia, debridement of frayed supraspinatus edge in the glenohumeral joint, subacromial decompression primarily of soft tissue, and glenohumeral joint injection of steroids. The preop

diagnosis was left shoulder continued adhesive capsulitis and post op diagnosis the same with small frayed edge of the supraspinatus with subacromial bursitis. It is of interest that the QME dated 5/19/14, stated "in the absence of identifiable pathology to account for her chronic pain syndrome and the failure of multiple surgeries in relieving her pain. I find not medical nor surgical indications that more evaluations and treatments, including surgery, are warranted on an industrial basis." (The MRI of 4/3/14 is not mentioned in this QME report of Dr. [REDACTED]).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Possible Labral Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Surgery for SLAP Lesions.

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

Decision rationale: Labral repair had already been done. objective findings as presented do not support this diagnosis. Medical necessity has not been established.

Possible Rotator Cuff Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Surgery for Rotator Cuff Repair.

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

Decision rationale: Rotator cuff repair had already been done. objective findings as presented do not support this diagnosis. Medical necessity has not been established.

Subacromial Decompression: Upheld

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

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

Decision rationale: Subacromial decompression had already been done. objective findings as presented do not support this diagnosis. Medical necessity has not been established.

Debridement: Upheld

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

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

Decision rationale: Objective findings as presented do not support this diagnosis. Medical necessity has not been established.

1 Surgery Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web)do not address use of a surgical assistant.American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics; Role of the First Assistant.

Decision rationale: A surgical assistant is not medically necessary for left shoulder arthroscopic manipulation under anesthesia with arthroscopic lysis of adhesions and possible labral tear.

12 Post Operative Physical Therapy Sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Postsurgical Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Utilization Schedule does not apply; Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Physical Medicine.

Decision rationale: Per Official Disability Guidelines physical therapy is "recommended. Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasonography, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. ODG Physical Therapy Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT." Adhesive capsulitis: 16 visits over 8 weeks.

Keflex 500mg, #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse, Antibiotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Orthopedics. 2011 Sep 9;34(9):e467-9. doi: 10.3928/01477447-20110714-31.Minimizing infection risk: fortune favors the prepared mind.Dunbar MJ, Richardson G.

Decision rationale: The medical records provided to this reviewer fail to establish medical necessary for a three day course of a cephalosporin in this patient with no history of infection past or present.

Zofran 4mg (Unknown Qty): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com/Zofran"Zofran is used to prevent nausea and vomiting that may be caused by surgery or by medicine to treat cancer (chemotherapy or radiation)."

Decision rationale: Quantity to be prescribed has not been provided. Medical necessity for an antiemetic has not been established.

Tylenol no.3, #30/#50: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Page(s): 91-94.

Decision rationale: This opioid is useful for control of moderate pain and is justified for use in this case. Medical necessity has been established. The request for Tylenol with Codeine is certified.

Vitamin C 500mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), 2011, Chronic Pain-Medical food.

Decision rationale: The ODG, Pain-Medical foods, state that they are "intended for a specific dietary management of a disease." "Dietary supplements such as minerals and vitamins shall not be reimbursable unless a specific dietary deficiency has been clinically established in the injured employee as a result of the industrial injury or illness."