

<b>Case Number:</b>	CM14-0088846		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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:

The patient is 42 year old male who was injured on 02/14/2012 when he was arresting two suspects and had to fight with the suspects. He fell and broke his hand and wrist and his shoulder popped simultaneously. Prior medication history included Baclofen and Tramadol. Prior treatment history has included physical therapy. Diagnostic studies reviewed include X-ray of the left shoulder dated 05/09/2014 revealed osteopenic bones. There is no acute fracture or dislocation seen. There is slight cortical deformity to the distal 1/3 clavicle, perhaps due to old trauma. AME report dated 06/19/2014 states the patient presented for aggravation of left shoulder pain. On exam, the left shoulder had impaired mobility, with pain limitations at the extremes. Range of motion of the left shoulder revealed forward flexion/extension 140/150; abduction/adduction 120/50, internal/external rotation 70/90. He is diagnosed with shoulder joint pain. On office visit dated 05/10/2014, it is documented that the patient will be proceeding with decompression and debridement and distal clavicle excision. It was recommended that he receive vitamin C postoperatively to promote healing; physical therapy; 30 day supply of anti-inflammatory medication as well as antibiotics, antiemetic to reduce nausea, and stool softener to reduce incidence of constipation. Prior utilization review dated 06/03/2014 states the requests for Vitamin C 500mg one po qd #60; Colace 100mg 1 cap po bid #10; Ibuprofen 600mg 1 po with food tid #90; Zofran 4mg ODT 1 po q 4-6 hrs prn for nausea #10; Keflex 500mg 1 cap po qid #12, Keflex 500mg 1 cap po qid #12; Post Operative physical therapy 12 visits (2x6), Left shoulder poss labral repair, poss RCR, subacromial decompression, distal clavicle excision, debridement, and Assistant Surgeon are denied based on the absence of response to the request for additional information necessary to render a determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin C 500mg one po qd #60:** 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 <http://www.drugs.com/mtm/vitamin-c.html>

**Decision rationale:** Ascorbic acid (vitamin C) occurs naturally in foods such as citrus fruit, tomatoes, potatoes, and leafy vegetables. Vitamin C is important for bones and connective tissues, muscles, and blood vessels. Vitamin C also helps the body absorb iron, which is needed for red blood cell production. Ascorbic acid is used to treat and prevent vitamin C deficiency. The medical records do not establish this patient has a vitamin C deficiency. Regardless, the medical records do not establish the left shoulder surgery is clinically and medically necessary in this case. Consequently, consideration for post-operative supplements is also not medically necessary.

**Colace 100mg 1 cap po bid #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids (6-months or more) Page(s): 88. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-323-docusate+sodium+oral.aspx?drugid=323&drugname=docusate+sodium+oral>

**Decision rationale:** Re-assess (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. Regarding long-term opioid management, the CA MTUS guidelines recommend routine re-assessment should include documentation of any adverse effects with the medications. In this case, the medical record does not establish he has been maintained on neither a chronic opioid regimen nor complaints of constipation. Furthermore, the request is for postoperative use; however, the medical necessity for left shoulder surgery has not been established. The medical necessity of the request is not established.

**Ibuprofen 600mg 1 po with food tid #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 72.

**Decision rationale:** Ibuprofen (Motrin, Advil [OTC], generic available): 300, 400, 600, and 800 mg. Mild pains to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. The guidelines recommend non-prescription strength medications, Acetaminophen (safest); NSAIDs (Aspirin, Ibuprofen). NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. In the case of this patient, the medical records do not establish that the proposed left shoulder surgery is clinically indicated. Therefore, postoperative analgesics are also not medically necessary.

**Zofran 4mg ODT 1 po q 4-6 hrs prn for nausea #10:** 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, Pain, Antiemetics (Zofran)

**Decision rationale:** According to ODG, Ondansetron (Zofran) is a serotonin 5-HT<sub>3</sub> receptor antagonist, FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. The request for left shoulder surgery is not deemed medically necessary. Therefore, there is no medical necessity for postoperative medications.

**Keflex 500mg 1 cap po qid #12:** 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), Infectious Disease, Cephalexin

**Decision rationale:** Cephalexin is a cephalosporin antibiotic used to treat certain infections caused by bacteria such as pneumonia and bone, ear, skin, and urinary tract infections. Keflex is recommended as first-line treatment for cellulitis and other conditions. In the absence of surgery, prophylactic antibiotics is not medically warranted.

**Post Operative physical therapy 12 visits (2x6):** 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

**Assistant Surgeon:** 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

**Left shoulder poss labral repair, poss RCR, subacromial decompression, distal clavicle excision, debridement:** 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): 209-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for impingement syndrome; Surgery for SLAP lesions; Partial Claviclectomy and surgery for Rotator cuff repair

**Decision rationale:** According to the guidelines, referral for surgical intervention for shoulder complaints may be indicated for patients with limited activity for prolonged period, failure to improve ROM and strength with conservative measures such as exercise, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Lesions of the rotator cuff are a continuum, from mild supraspinatus tendon degeneration to complete ruptures. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. The guidelines state surgery is reserved for cases failing conservative therapy of at least 3 months duration. The guidelines recommend 3 to 6 months of conservative care. According to the guidelines, conservative care for treatment of rotator cuff syndrome, including cortisone injections, may be carried out for up to 6 months. Surgery for SLAP lesions is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. The medical records do not provide a detailed treatment history as it pertains to the patient's left shoulder complaint. As it stands, failure or exhaustion of standard conservative care for the shoulder has not been established. Additionally, there is no recent MRI findings provided, that reveals the presence of an actual surgical lesion. Furthermore, the medical records do not appear to document subjective and objective clinical findings that clearly meet the criteria for the indicators for surgery. The medical records do not establish the patient is candidate for left shoulder surgery, the medical necessity of the request has not been established.

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