MAXIMUS Federal Services

Case Number:	CM14-0165243		
Date Assigned:	10/28/2014	Date of Injury:	01/17/2012
Decision Date:	03/16/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 40-year-old male who reported an injury on 01/17/2012. The mechanism of injury involved a fall. The current diagnosis is osteoarthrosis, localized, primary, involving the shoulder region. The injured worker presented on 09/03/2014. It is noted that the injured worker was nearly 1 year status post left shoulder arthroscopic debridement and synovectomy with left elbow ulnar nerve transposition. The injured worker reported horrible arthritic pain in the bilateral shoulders. The injured worker had been previously diagnosed with end stage glenohumeral arthritis bilaterally. The current medication regimen includes methadone, Percocet, Neurontin, tramadol, naproxen, Prozac, Flexeril and Ambien. Upon examination there was 165 degree right and left shoulder flexion, 50 degree extension, 145 degree abduction, 50 degree adduction, 90 degree internal and external rotation on the right and 80 degree internal and external rotation on the left. Rotator cuff strength was intact and there was fairly exquisite glenohumeral tenderness bilaterally. Previous conservative treatment was not mentioned. The provider discussed treatment options at length including cortisone injections and repeat arthroscopic debridement. The injured worker was not interested in cortisone injections. The injured worker requested to proceed with bilateral shoulder arthroscopy and debridement. A Request for Authorization form was then submitted on 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion. There is no documentation of a recent attempt at any conservative treatment prior to the request for an additional surgical procedure. There was no evidence of a significant functional limitation upon examination. The medical necessity for the requested procedure has not been established in this case. Therefore, the request is not medically appropriate at this time.

Left shoulder arthroscopic debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion. There is no documentation of a recent attempt at any conservative treatment prior to the request for an additional surgical procedure. There was no evidence of a significant functional limitation upon examination. The medical necessity for the requested procedure has not been established in this case. Therefore, the request is not medically appropriate at this time.

Pre-op appointment: Upheld

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

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.

Norco 10/325mg, qty. 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. According to the documentation provided, the injured worker is currently utilizing tramadol, Percocet and methadone. There is no evidence of this injured worker's current utilization of Norco 10/325 mg. Although it was noted on the Request for Authorization form that the provider issued 1 refill of Norco and naproxen medications, there was no mention of Norco 10/325 mg on the injured worker's medication list on the progress note dated 09/03/2014. There was also no frequency listed in the request. Therefore, the request is not medically appropriate.

Naproxen 550mg, qty. 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. Although it is noted that the injured worker has been previously diagnosed with end stage glenohumeral arthritis, the injured worker has also utilized naproxen 550 mg for an unknown duration. Guidelines do not recommend long term use of NSAIDs. There is also no documentation of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

Zolpidem tartrate 5mg, qty. 30: Upheld

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

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

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

Zofran 8mg, qty. 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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

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

Colace 100mg, qty. 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100/

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

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

Post-op appointments within global period with fluoroscopy, qty. 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

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-op Physical Therapy, qty. 120:

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.

Cold Therapy Unit, purchase, qty. 1: Upheld

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

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.

Shoulder immobilizer, qty. 2: Upheld

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

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.