

Case Number:	CM14-0194730		
Date Assigned:	12/02/2014	Date of Injury:	03/20/2013
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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:

According to the records made available for review, this is a 46-year-old male with a 3/20/13 date of injury. At the time (10/16/14) of request for authorization for Keflex 500mg #20, Norco 5/325mg #60, Acupuncture 2x6 right shoulder, Abduction pillow brace, IFC unit with supplies 30 day rental for the right shoulder, and Motorized compression pump and stockings 30 day rental, there is documentation of subjective (right shoulder pain) and objective (decreased right shoulder range of motion, weakness of the abductors and external rotators of the right shoulder, and tenderness over the inferior aspect of the acromioclavicular joint and anterolateral aspect of the acromion) findings, current diagnoses (right shoulder impingement syndrome, right acromioclavicular cartilage disorder, right supraspinatus tendon tear, right shoulder adhesion of rotator cuff, and right subacromial/subdeltoid bursitis), and treatment to date (medications (including ongoing treatment with Voltaren gel) and cortisone injection). Medical reports identify an associated request for right shoulder arthroscopy that has been authorized/certified; and that the request for acupuncture is to decrease the use of excessive analgesic medication and improving functional range of motion along with physical therapy. Regarding abduction pillow brace, there is no documentation of open repair of large and massive rotator cuff tears. Regarding IFC unit with supplies 30 day rental for the right shoulder, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Regarding motorized compression pump and stockings 30 day rental, there is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Mosby's Drug Consult

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: Perioperative protocol. Health care protocol. (<http://www.guideline.gov/content.aspx?id=48408>).

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies that antibiotics are appropriate pre, peri and postoperatively for patients undergoing surgery. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right acromioclavicular cartilage disorder, right supraspinatus tendon tear, right shoulder adhesion of rotator cuff, and right subacromial/subdeltoid bursitis. In addition, there is documentation of an associated request for right shoulder arthroscopy that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Keflex 500mg #20 is medically necessary.

Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: MTUS reference to ACOEM identifies documentation of acute severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right acromioclavicular cartilage disorder, right supraspinatus tendon tear, right shoulder adhesion of rotator cuff, and right subacromial/subdeltoid bursitis. In addition, there is documentation of an associated request for right shoulder arthroscopy that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325mg #60 is medically necessary.

Acupuncture 2x6 right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right acromioclavicular cartilage disorder, right supraspinatus tendon tear, right shoulder adhesion of rotator cuff, and right subacromial/subdeltoid bursitis. In addition, given documentation that the request for acupuncture is to decrease the use of excessive analgesic medication and improving functional range of motion along with physical therapy, there is documentation that acupuncture is used as an adjunct to physical rehabilitation to hasten functional recovery and increase range of motion, However, the requested 12 acupuncture treatments exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2x6 right shoulder is not medically necessary.

Abduction pillow brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 213. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: MTUS reference to ACOEM guidelines identifies that sling/splint for 7 days followed by gentle range of motion exercises, then progressive mobilization is indicated in the management of non-displaced radial head fractures. ODG identifies documentation of open repair of large and massive rotator cuff tears, as criteria necessary to support the medical necessity of Postoperative abduction pillow sling. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right acromioclavicular cartilage disorder, right supraspinatus tendon tear, right shoulder adhesion of rotator cuff, and right subacromial/subdeltoid bursitis. However, given documentation of a plan for right shoulder arthroscopy, there is no documentation of open repair of large and massive rotator cuff tears. Therefore, based on guidelines and a review of the evidence, the request for Abduction pillow brace is not medically necessary.

IFC unit wth supplies 30 day rental for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right acromioclavicular cartilage disorder, right supraspinatus tendon tear, right shoulder adhesion of rotator cuff, and right subacromial/subdeltoid bursitis. However, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for IFC unit with supplies 30 day rental for the right shoulder is not medically necessary.

Motorized compression pump and stockings 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right acromioclavicular cartilage disorder, right supraspinatus tendon tear, right shoulder adhesion of rotator cuff, and right subacromial/subdeltoid bursitis. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for Motorized compression pump and stockings 30 day rental is not medically necessary.