

<b>Case Number:</b>	CM14-0195446		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 New York. 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 has a date of injury of November 24, 2012. The patient has bilateral shoulder pain. On physical examination there is decreased range of motion of both shoulders. X-ray shows bilateral rotator cuff tear arthropathy with arthritis. There is no clear documentation at conservative measures. There is no documentation of recent trial and failure physical therapy. The patient takes multiple medications for pain. The medical records indicate that the patient's surgeon desires to perform shoulder surgery. At issue is whether postoperative narcotics are medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Post-op OxyContin 10mg #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, Criteria for Use

**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: In this shoulder pain chapter

**Decision rationale:** The medical records do not document a specific diagnosis that would warrant shoulder surgery. Specifically, there is no imaging study to document rotator cuff tear. There is no clear findings on physical examination of rotator cuff tear. More probably there is no documentation of her recent trial and failure of conservative measures to include physical therapy. Since surgery is not medically necessary, then postoperative narcotics are not needed.

**Associated surgical service: Post-op Percocet 10/325mg #90:** 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.