

Case Number:	CM14-0207786		
Date Assigned:	12/19/2014	Date of Injury:	08/13/2008
Decision Date:	02/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 63-year-old male with an 8/13/08 date of injury. At the time (10/28/14) of request for authorization for Associated surgical service: pre-operative EKG, Associated surgical service: consultation with a pain management specialist, and Associated surgical service: Norco 10/325mg quantity 120, there is documentation of subjective (bilateral shoulder pain especially with overhead use, neck pain, elbow pain, wrist pain) and objective (decreased right shoulder range of motion, tenderness to dorsum of acromioclavicular joint, the acromioclavicular joint, over the rotator cuff, anterior shoulder, and posterior shoulder capsule, positive impingement, and grade 4 weakness with Speed's test, external rotator cuff, and abductor muscles) findings, current diagnoses (degeneration cervical intervertebral disc, cervical spondylosis without myelopathy, spinal stenosis in cervical region, brachial neuritis/radiculitis, rotator cuff syndrome, Osteoarthritis local primary shoulder, traumatic arthropathy shoulder, sprain/strain rotator cuff, anterior dislocation humerus closed, lateral epicondylitis elbow, sprain/strain elbow/forearm, Osteoarthritis local primary hand, traumatic arthropathy hand, and trigger finger), and treatment to date (cortisone injection to right shoulder and medications (including ongoing treatment with Norco and Motrin)). Medical report identifies a plan for pain management evaluation for stronger class II narcotics, although if the right shoulder surgery is approved then the stronger class II medications might not be necessary. 11/10/14 medical report identifies right shoulder arthroscopy is certified/authorized. Regarding Associated surgical service: consultation with a pain management specialist, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding Associated surgical service: Norco 10/325mg quantity 120, there is no documentation that the prescriptions

are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: pre-operative EKG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of degeneration cervical intervertebral disc, cervical spondylosis without myelopathy, spinal stenosis in cervical region, brachial neuritis/radiculitis, rotator cuff syndrome, Osteoarthritis local primary shoulder, traumatic arthropathy shoulder, sprain/strain rotator cuff, anterior dislocation humerus closed, lateral epicondylitis elbow, sprain/strain elbow/forearm, Osteoarthritis local primary hand, traumatic arthropathy hand, and trigger finger. In addition, there is documentation of a surgery that is certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: pre-operative EKG is medically necessary.

Associated surgical service: consultation with a pain management specialist: 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), Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical

stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of degeneration cervical intervertebral disc, cervical spondylosis without myelopathy, spinal stenosis in cervical region, brachial neuritis/radiculitis, rotator cuff syndrome, osteoarthritis local primary shoulder, traumatic arthropathy shoulder, sprain/strain rotator cuff, anterior dislocation humerus closed, lateral epicondylitis elbow, sprain/strain elbow/forearm, osteoarthritis local primary hand, traumatic arthropathy hand, and trigger finger. In addition, there is documentation of a plan for pain management evaluation for stronger class II narcotics. However, given documentation that if the right shoulder surgery is approved then the stronger class II medications might not be necessary and documentation of shoulder surgery that is certified/authorized, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: consultation with a pain management specialist is not medically necessary.

Associated surgical service: norco 10/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration cervical intervertebral disc, cervical spondylosis without myelopathy, spinal stenosis in cervical region, brachial neuritis/radiculitis, rotator cuff syndrome, Osteoarthritis local primary shoulder, traumatic arthropathy shoulder, sprain/strain rotator cuff, anterior dislocation humers closed, lateral epicondylitis elbow, sprain/strain elbow/forearm, Osteoarthritis local primary hand, traumatic arthropathy hand, and trigger finger. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco

use to date. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Norco 10/325mg quantity 120 is not medically necessary.