

<b>Case Number:</b>	CM14-0219367		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: New York

Certification(s)/Specialty: Neurological Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old woman sustained an industrial injury on 12/19/2012 to her left shoulder when she leaned on a mirror and heard a pop. Current diagnoses include cervical sprain/strain, left shoulder impingement, right shoulder stiffness, lumbar spine sprain/strain, bilateral knee surgeries, psych and head trauma with post traumatic stress disorder and memory loss. Treatment has included oral medications, surgical intervention, and 24 sessions of physical therapy. Physician notes dated 11/26/2014 show tenderness over the area of impingement and loss of strength. Recommendations include further physical therapy, anti-inflammatories, and possible MRI if no improvement. On 12/11/2014, Utilization Review evaluated prescriptions for pre-operative evaluation by an internal medicine specialists, ultrasling, post-operative prescription for Oxycontin 20 mg #20, spine specialist evaluation for the cervical and lumbar spine, and urine toxicology and quantitative and confirmatory test that was submitted on 12/17/2014. The UR physician noted the following: regarding the pre-operative evaluation, pre-operative clearance was not needed and there was no evidence that a separate evaluation is medically necessary. Regarding the ultrasling, it is not medically necessary following arthroscopic or minor surgeries. Regarding post-operative Oxycontin, a prescription for Vicodin was determined to be certified. There is no evidence that Vicodin would be ineffective in managing post-operative pain. Regarding the spine specialist evaluation, evaluations do not indicate neurological deficits. Regarding the urine toxicity testing, there is no evidence of abuse or misuse. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Pre op evaluation by an internal medicine 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, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** According to California MTUS immediate consultation is indicated if physical examination discloses evidence of septic arthritis, neurologic compromise, cardiac disease or intra-abdominal pathology that correlates with medical history and test results. Documentation does not provide evidence of such pathology, the guidelines also note if the medical history suggests pathology originating in a part of the body other than the shoulder then further investigation may be warranted. Documentation does not show the medical history suggests this. Thus the requested treatment: Pre-op evaluation by an internal medicine specialist is not medically necessary and appropriate.

**Associated surgical service: Ultrasling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter-postoperative abduction pillow sling.

**Decision rationale:** The ODG guidelines do recommend as an option the abduction pillow sling. However, this recommendation is for those patients who have incurred large and massive rotator cuff tears. Documentation does not show the patient has had a massive or large rotator cuff tear. Thus the requested treatment: ultrasling is not medically necessary and appropriate.

**Post op Oxycontin 20mg #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Criteria for use of opioids-therapeutic trial Page(s): 75, 76.

**Decision rationale:** The California MTUS guidelines have extensive recommendations about opioid use. Given this worker's prior history of non-ambulation after her motor vehicle accident

and her treatment for post traumatic stress disorder, the use of the long-acting opioid oxycontin contradicts the recommendation for the lowest possible dose to improve pain and function. The MTUS guidelines also recommend that the physician should start with a short-acting opioid trying one medication at a time. Thus, the requested treatment Post op Oxycontin 20mg#20 is not medically necessary and appropriate.

**Associated surgical service: 1 spine specialist evaluation for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** The California MTUS guidelines note that patients with acute neck and upper back pain alone, without findings of significant nerve root compromise rarely benefit from surgical consultation. The documentation does not show this patient has evidence of nerve root or spinal cord compromise. The diagnoses of cervical strain sprain and lumbar sprain are conditions which should respond to conservative measures and would not require surgical attention. The MTUS guidelines note that surgery increases the likelihood the patients will have to have future procedures with higher complication rates.

**Associated surgical service: Urine toxicology quantitative and confirmatory test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse Page(s): 107,108,109.

**Decision rationale:** The California MTUS guidelines recommend the physician examine the criteria for abuse, dependence, and tolerance and addiction in connection with testing. The guidelines advise a series of questions be posed such as is the patient failing to fulfill major role obligations, evidencing physically hazardous behaviors, continuing to use despite medical advice to change, losing prescriptions, having frequent ED visits, showing no interest in rehabilitation. The documentation does not show that the provider has been concerned about possible abuse. Thus the requested treatment: urine toxicology quantitative and confirmatory test is not medically necessary and appropriate.