

<b>Case Number:</b>	CM14-0038840		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 49 year old male who sustained an industrial injury on 04/26/2012. He reported injury to the left knee and left shoulder and has been diagnosed with status post left knee partial medial and lateral meniscectomy and left shoulder impingement and AC joint arthropathy. An MRI of the left shoulder dated 11/01/2013 reported a 7 mm hypoattenuating focus within the anterior fibers of the supraspinatus at the footprint with mild surrounding increased T2 signal; focal increased T2 signal along the mid fibers of the supraspinatus at the footprint which may represent low grade intrasubstance tear; tendinosis of the superior fibers of the subscapularis; circumferential labral degeneration/degenerative disruption; fluid collection with debris adjacent to the anterior inferior glenoid measuring 11.7 mm x 7.5mm x 6.3 mm in maximum dimension, likely a paralabral cyst; small inferior glenoid osteophyte; and moderate arthrosis of the glenohumeral joint. Left shoulder treatment has included medications and activity modification. At the most recent documented visit, the injured worker complained of pain with shoulder abduction and had a positive impingement sign. The treatment request included surgery, medication, and postoperative physical therapy. A request for authorization was submitted on 06/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder subacromial decompression, distal clavicle resection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 209, 211, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Surgery for impingement syndrome, ODG Indications for Surgery Acromioplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 210-211.

**Decision rationale:** The request for left shoulder subacromial decompression, distal clavicle resection is not medically necessary. The injured worker reported tenderness over the greater tuberosity and acromioclavicular joint with weakness of abduction. The California MTUS/ACOEM Guidelines recommend arthroscopic decompression for the treatment of impingement syndrome for patients with moderate to severe symptoms who have activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. The provided documentation did not indicate conservative care for a total of 3 to 6 months that was focused specifically on the left shoulder. There was no documentation of left shoulder focused physical therapy or of corticosteroid injections. The California MTUS/ACOEM Guidelines state that resection of the outer clavicle may be indicated after 6 months to 1 year and that local cortisone injections can be tried. Again, there was no documented conservative care focused on the left shoulder and no documentation of cortisone injections to the left shoulder and/or the efficacy of such treatment. As such, the requested services is not supported. Therefore, the request for left shoulder subacromial decompression, distal clavicle resection is not medically necessary.

**12 Postoperative physical therapy left shoulder 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The request for 12 postoperative physical therapy left shoulder is not medically necessary. The associated surgical procedure was found to be not medically necessary. The California Postsurgical Treatment Guidelines recommend 24 visits of postsurgical physical therapy following arthroscopic surgical intervention for impingement syndrome and rotator cuff syndrome. While an initial course of therapy of 12 visits would be supported, the concurrent request for surgical intervention was not found to be medically necessary. As such, the requested service is not supported. Therefore, the request for 12 postoperative physical therapy left shoulder is not medically necessary.

**Vicodin 5/300mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 201-205.

**Decision rationale:** The request for postoperative medication Vicodin 5/300 mg #30 is not medically necessary. The concurrent request for surgical intervention was found to be not medically necessary. The California MTUS/ACOEM Guidelines recommend prescribed pharmaceutical methods as a short course of therapy for moderate to severe pain when treatment response to nonprescription analgesics is inadequate. As the injured worker would be expected to have moderate to severe pain following surgical intervention, the request would be supported if the requested surgical intervention was found to be medically necessary; however, the concurrent request for surgical intervention was found to not be medically necessary. As such, the requested service is not supported. Therefore, the request for postoperative medication: Vicodin 5/300 mg #30 is not medically necessary.

**Erythromycin 500mg, #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: <http://www.rxlist.com/erythromycin-ethylsuccinate-drug/indications-dosage.htm>.

**Decision rationale:** The request for postoperative medication: erythromycin 500 mg #20 is not medically necessary. The concurrent request for surgical intervention was found to be not medically necessary. Erythromycin is indicated in the treatment of infections caused by susceptible strains of the designated organisms and skin and skin structure infections of mild to moderate severity caused by streptococcus pyogenes or staphylococcus aureus; however, resistant staphylococci may emerge during treatment. Erythromycin prophylaxis is indicated for the prevention of initial attacks of rheumatic fever in patients who are allergic to penicillin and for the prevention of recurrent attacks of rheumatic fever in patients who are allergic to penicillin and sulfonamides. As there was no documentation that this injured worker had a mild to moderate skin structure infection caused by streptococcus pyogenes or staphylococcus aureus, the medication would not be supported. Additionally, the concurrent request for the surgical intervention was not medically necessary. As such, the requested service is not supported. Therefore, the request for postoperative medication: erythromycin 500 mg #20 is not medically necessary.