

<b>Case Number:</b>	CM15-0000730		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2015

### 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 40-year-old male truck driver on May 29, 2014 reported pain in the right wrist and left ankle after he tripped and experienced a mechanical fall. He presented to the emergency department shortly after the accident. X-rays that day revealed no acute abnormalities of the left ankle with a possible old fracture noted and a benign wrist study. Ultram was prescribed for pain. On follow up appointment on June 2, 2014, the IW continued to have pain in the noted locations but mainly in the right shoulder. He had a full range of motion, intact strength, normal sensation and stress testing. Motrin 800mg as needed for pain was prescribed and he was placed on modified work duties was diagnosed with a right wrist sprain, right shoulder sprain and left ankle sprain. Treatment to date has included pain medication, ice and heat packs, diagnostic studies, radiographic imaging and Ace wrap. The IW reported experiencing a mechanical fall while at work resulting in left ankle, right wrist, right hand and right shoulder pain. He presented to the emergency department shortly after the accident. X-rays that day revealed no acute abnormalities of the left ankle with a possible old fracture noted and a benign wrist study. Ultram was prescribed for pain. On follow up appointment on June 2, 2014, the IW continued to have pain in the noted locations but mainly in the right shoulder. Motrin 800mg as needed for pain was prescribed and he was placed on modified work duties. On July 17, 2014, evaluation revealed continued complaints as previously described. He reported feeling very stressed at this time and wished to see a behavioral specialist. On July 18, 2014, the physical therapy note reported a slight improvement however not in the right shoulder, which seemed to be worse. On August 21, 2014, an MRI of the right shoulder was ordered. Previous studies revealed a bone fragment and

no acute fracture. On August 27, 2014, magnetic resonance imaging (MRI) revealed supraspinatus and infraspinatus tendinosis with minimal intrasubstance tearing, linear signal that could represent a tear, subscapularis tendinosis with a low grade intrasubstance tear, minimal subacromial subdeltoid bursitis and mild acromioclavicular osteoarthritis with laterally downsloping acromion. The impression was rotator cuff (RC) syndrome of the right shoulder. Further studies were recommended. On October 23, 2014, the IW continued to have right shoulder pain, worse with activity. The treatment plan was pain medication and rest. On December 5, 2014, MRI revealed a lateral, partial thickness tear. The plan was for arthrocentesis with ultrasound guidance. He received an injection in the right shoulder joint on that date. The IW continued to have pain in the shoulder and surgical repair was recommended. On December 22, 2014, Utilization Review non-certified a request for associated surgical service: Post-op Medication, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/3/2015, the injured worker submitted an application for IMR for review of requested associated surgical service: Post-op Medication.

### **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 Medication:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 10,11.

**Decision rationale:** The California MTUS guidelines in the Postsurgical treatment guidelines note that the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under the guideline. The documentation and the request does not indicate what is prescribed. The request does not indicate the frequency of the requested treatment. Thus this requested treatment: Associated surgical service: Post-op medication is not medically necessary and appropriate.