

Case Number:	CM15-0002424		
Date Assigned:	01/13/2015	Date of Injury:	01/20/2010
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 61 year old female sustained an industrial injury on 1/20/10. The mechanism of injury was not clear. The injured worker subsequently reports chronic low back and right upper extremity pain. An MRI revealed abnormalities in lumbar back. On 5/17/13 the injured worker has underwent right shoulder surgery, she has also undergone lumbar /sacral rhizotomy. Current medications include Metoprolol, Paroxetine, Abilify, Lunesta, baby Aspirin, Singulair, Albuterol and Hydrocodone. On 12/09/14, UR non-certified right shoulder arthrogram, Norco 5/325 mg 1 PO Q6 hr #60 and left knee ultrasound. The right shoulder arthrogram was denied citing lack of CA MTUS guidelines and lack of support in ODG. Norco 5/325 mg 1 PO Q6 hr #60 was denied based on the indications from the California Chronic Pain Medical Treatment guidelines. The left knee ultrasound was denied based on lack of clear indications in CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthrogram: 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) Shoulder Chapter-MR arthrogram

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Arthrography

Decision rationale: Pursuant to the Official Disability Guidelines, left shoulder arthrogram is not medically necessary. Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of his better demonstration of soft tissue anatomy. Conventional arthrography can diagnosed most rotator cuff tears accurately, however in many institutions MR arthrography is usually necessary to diagnose labral tears. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain, cervical spine sprain/strain; left knee grade III posterior horn meniscal tear per DX US 7/2012; right knee mild sprain. Subjectively, the worker underwent recent right wrist surgery secondary fracture from an MVA September 15, 2014. Documentation in the medical record is largely illegible. The injured worker continues to complain of left knee pain and difficulty with stairs; he gives way area the right shoulder continues to feel weak. Objectively, there are three well-healed portals. The remainder of the right shoulder exam is illegible. Left knee exam showed tender peri-patellar and medial-lateral joint. An ultrasound was performed on the right shoulder on September 10, 2014. The left shoulder arthrogram clinical rationale is illegible. Consequently, absent clinical documentation to support the performance of the left shoulder arthrogram based on the legible medical records, left shoulder arthrogram is not medically necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are lumbar spine sprain/strain, cervical spine sprain/strain; left knee grade III posterior horn meniscal tear per DX US 7/2012; right knee mild sprain. Subjectively, the worker underwent recent right wrist surgery secondary fracture from an MVA September 15, 2014. Documentation in the medical record is largely illegible. The injured worker continues to complain of left knee pain and difficulty with stairs; he gives way area the right shoulder continues to feel weak. Objectively, there are three well-healed portals. The remainder of the right shoulder exam is illegible. Left knee exam showed tender peri-patellar and medial-lateral joint. An ultrasound was performed on the right shoulder on September 10, 2014. The left

shoulder arthrogram clinical rationale is illegible. The documentation indicates the injured worker was on Hydrocodone as far back as May 17, 2013. The documentation did not contain evidence of objective functional improvement as it relates to Norco's ongoing use. There were no detailed pain assessments in the record. There were no risk assessments in the record. Consequently, absent clinical documentation with evidence of objective functional improvement and ongoing detailed pain assessments, Norco 10/325 mg #120 is not medically necessary.

left knee ultrasound: 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) Knee and Leg, Ultra, diagnostic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Diagnostic ultrasound

Decision rationale: Pursuant to the Official Disability Guidelines, left knee ultrasound is not medically necessary. Diagnostic ultrasound is recommended for soft tissue injuries (meniscal, chondral surface injuries and ligament disruption) are best evaluated by magnetic resonance imaging. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of hemarthrosis or for follow-up. In this case, the injured worker's working diagnoses are Lumbar spine sprain/strain, cervical spine sprain/strain; left knee grade III posterior horn meniscal tear per DX US 7/2012; right knee mild sprain. Subjectively, the worker underwent recent right wrist surgery secondary fracture from an MVA September 15, 2014. Documentation in the medical record is largely illegible. The injured worker continues to complain of left knee pain and difficulty with stairs. Objectively, there are three well-healed portals. The remainder of the right shoulder exam is illegible. Left knee exam showed tender peri-patellar and medial-lateral joint. The illegible documentation does not contain a clinical rationale for the left knee ultrasound. Consequently, absent clinical documentation to support a left knee ultrasound, left knee ultrasound is not medically necessary.