

Case Number:	CM15-0103689		
Date Assigned:	06/10/2015	Date of Injury:	09/24/2014
Decision Date:	09/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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

Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 32-year-old male, with a reported date of injury of 09/24/2014. The diagnoses include traumatic rupture of the left biceps tendon, left elbow joint pain, and contusion of the left forearm. Treatments to date have included x-rays of the left elbow on 09/24/2014, which showed degenerative changes; x-rays of the left humerus with normal findings on 09/24/2014; an MRI of the left elbow on 10/16/2014, which showed a torn biceps tendon; and oral medications. The medical report dated 03/26/2015 indicates that the injured worker noticed weakness, numbness, and tingling in the left arm. The physical examination showed shortening of the distal biceps in the left arm consistent with rupture, intact tendon in the antecubital fossa, decreased strength with regard to flexion and supination, and an intact neurovascular exam. The progress report dated 04/27/2015 indicates that the injured worker was interested in moving forward with an attempt at biceps tendon repair. The risks were discussed and the injured worker expressed understanding. The treatment plan included a 30-day supply of anti-inflammatory medication, a limited supply of narcotic medication, a limited supply of antibiotics, medication against nausea and vomiting, stool softener to reduce incidence of constipation, and vitamin C to promote healing would be taken post-operatively. It was also noted that the injured worker would require physical therapy after the procedure. An assistant surgeon would be used during the surgery in order to facilitate the safety and efficacy of the procedure. The treating physician requested post-operative physical therapy, Keflex 500mg, Zofran 4mg, Naproxen 500mg, Colace 100mg, Norco 7.5mg/325mg, Vitamin C 500mg, and an Assistant Surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen sessions of post operative physical therapy: 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): 17.

Decision rationale: CA MTUS/Post Surgical Treatment Guidelines recommend 1/2 of the allowable visits postoperatively for a particular body part injured. 24 total visits of therapy are recommended following biceps tendon repair. In this case the request for 16 visits of postoperative therapy exceeds the 1/2 recommendation made. Therefore, the request is not medically necessary.

Post-operative Keflex 500mg #12: 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 Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1; 66(1): 119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical records including the exam note of 3/26/15 of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

Post-operative Zofran 4mg #10: 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 Official Disability Guidelines (ODG) Pain, Ondansetron.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the exam note from 3/26/15 does not demonstrate evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, the request is not medically necessary.

Post-operative Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 3/26/15. Therefore, the request is not medically necessary.

Post-operative Colace 100mg #10: 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 Official Disability Guidelines (ODG) Pain, Opioid induced constipation treatment.

Decision rationale: CA MTUS/ACOEM is silent on the issue of stool softeners. According to the ODG Pain section, opioid induced constipation treatment, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated." In this case, there is no evidence from the records of 3/26/15. Therefore, the use of docusate in this case is not medically necessary.

Post operative Norco 7.5/325mg #50: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: CA MTUS, Chronic Pain Treatment guidelines, under criteria for use of opioids page 76-78 states, states use of opioids should be part of a treatment plan that is tailored to the patient. MTUS pgs 60, 61 goes on to state "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased

activity." In this, the request for Norco as a post-operative medication is medically necessary and recommended.

Post operative Vitamin C 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS prevention Page(s): 38.

Decision rationale: CA MTUS/Chronic pain, CRPS prevention, page 38, states that 500 mg Vitamin C daily may be started in cases of post fracture chronic regional pain syndrome Type I. In this case, the exam notes from 3/26/15 do not demonstrate evidence satisfying the stated criteria. Therefore, the request is not medically necessary.

Assistant surgeon: 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 <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is no indication for an assistant surgeon for a routine biceps tendon repair. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the decision for an assistant surgeon is not medically necessary and is therefore non-certified. Therefore, the request is not medically necessary.