

Case Number:	CM15-0104376		
Date Assigned:	06/08/2015	Date of Injury:	07/15/2010
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male sustained an industrial injury to the neck, back, bilateral shoulders, legs and feet on 7/15/10. Previous treatment included left shoulder superior labral anterior posterior repair (4/18/11), right shoulder arthroscopy, physical therapy and medications. The injured worker underwent right shoulder rotator cuff repair with Mumford procedure on 12/11/14. The injured worker received postoperative physical therapy. In an orthopedic consultation dated 3/25/15, the injured worker complained of pain to the right shoulder and low back with radiation to the leg, rated 7-8/10 on the visual analog scale. Physical exam was remarkable for right shoulder with well-healed arthroscopic portals, tenderness to palpation to the joint lines and biceps tendon, positive impingement signs and decreased range of motion and motor strength without instability. X-rays of the right shoulder showed resection of the distal clavicle. Current diagnoses included lumbar spine spondylolisthesis, lumbar spine discogenic pain, lumbar spine disc desiccation, cervical disc injury, right shoulder pain, left knee pain and status post left shoulder superior labral anterior posterior repair. The treatment plan included follow-up within six weeks and continuing home exercise. No medications were prescribed during the office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orth consult right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is clear the patient has knee complaints. However, there are no recent physical examination findings attempting to identify a differential diagnosis regarding the patient's knee condition. Additionally, it is unclear what conservative treatment has been attempted prior to the request for consultation. It is therefore unclear why surgical consultation would be needed at the current time. As such, the currently requested orthopedic consultation is not medically necessary.

Mobic 7.5mg #90 - 45 day supply: Overturned

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 8 C.C.R Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Mobic (meloxicam), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the patient has been taking this medication on a chronic basis. The patient does have musculoskeletal complaints and has undergone shoulder surgery with ongoing knee and low back complaints. A trial of Mobic therefore seems reasonable. Of course, ongoing use would require documentation of analgesic efficacy, objective functional improvement, and discussion regarding side effects. As such, the currently requested Mobic (meloxicam) is medically necessary.