

Case Number:	CM15-0019007		
Date Assigned:	02/06/2015	Date of Injury:	09/16/2013
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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: Minnesota, Florida
 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 45 year old male, who sustained an industrial injury on September 16, 2013. The injured worker has reported low back pain, bilateral shoulder pain and knee pain. The diagnoses have included a lateral meniscus tear of the right knee and rotator cuff syndrome of the right shoulder. Treatment to date has included pain medication, arthroscopy of the right knee with partial lateral meniscectomy on December 12 2014, post-operative physical therapy, right shoulder injection, X-rays and an MRI of the lumbar spine, knees and right shoulder. Current documentation dated January 21, 2015 notes that the injured worker reported right shoulder pain, rated at a four out of ten on the Visual Analogue Scale which was constant and throbbing. Physical examination revealed a painful right shoulder. Range of motion was intact with a tender end range of motion. Right knee examination revealed no pain, full range of motion and decreased strength. On January 28, 2015 Utilization Review non-certified a request for additional postoperative physical therapy sessions times six to the right knee and modified requests for a right shoulder arthroscopy and subacromial decompression, possible bicep tenodesis and tenotomy and Percocet 5/325 or 10/325 mg # 60 with three refills. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On February 2, 2015, the injured worker submitted an application for IMR for review of physical therapy sessions times six to the right knee, a right shoulder arthroscopy and subacromial decompression, possible bicep tenodesis and tenotomy and Percocet 5/325 or 10/325 mg # 60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right shoulder arthroscopy and subacromial decompression, possible bicep tenodesis and tenotomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Biceps tenodesis.

Decision rationale: The right shoulder arthroscopy and subacromial decompression as well as possible biceps tenodesis have been certified by UR. The only disputed issue pertains to possible biceps tenotomy. Biceps tenotomy and tenodesis have comparably favorable results in the literature with the only difference being a higher incidence of cosmetic deformity with tenotomy. However, currently there is no consensus regarding the use of tenotomy versus tenodesis for the treatment of lesions of the long head of biceps. ODG guidelines indicate that the proportion of SLAP repairs has decreased over time with an increase in biceps tenodesis and tenotomy. Increased patient age correlates with the likelihood of treatment with biceps tenodesis or tenotomy versus SLAP repair. For patients with isolated SLAP lesions, the proportion of SLAP repairs decreased from 69.3% to 44.8%, while biceps tenodesis increased from 1.9% to 18.8% and biceps tenotomy increased from 0.4% to 1.7%. For patients undergoing concomitant rotator cuff repair, SLAP repair decreased from 60.2% to 15.3% while biceps tenodesis or tenotomy increased from 6.0% to 28%. There was a significant difference in the mean age of patients undergoing SLAP repair (37.1 years) versus biceps tenodesis (47.2 years) versus biceps tenotomy (55.7 years). Based upon ODG guidelines the request for biceps tenotomy and tenodesis are appropriate and the medical necessity has been substantiated.

Percocet 5/325 or 10/325 #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Percocet Page(s): 92.

Decision rationale: Chronic pain medical treatment guidelines indicate the analgesic dose of Percocet is based on oxycodone content and should be administered every 4-6 hours as needed for pain, initially 2.5-5 mg by mouth every 4-6 hours when necessary. The maximum daily dose is based on acetaminophen content (maximum 4000 mg per day). The utilization review modification of the dose to 5 mg every 4-6 hours as needed for pain is appropriate. The request as stated for 5/325 or 10/325 mg every 4-6 hours is excessive (10/325) and not supported by guidelines as a starting dose. As such, the medical necessity of the request for Percocet 10/325 one by mouth every 4 hours when necessary for pain #60 with 3 refills is not supported and the modification to 5/325 mg was appropriate.

6 physical therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker underwent arthroscopy of the right knee with partial lateral meniscectomy on 12/8/2014. The initial course of therapy for this procedure is 6 visits. Then with documentation of continuing functional improvement a subsequent course of therapy of 6 visits may be prescribed. The documentation indicates that he had full range of motion in the knee, no pain, and was doing active exercises. He was close to completing the approved physical therapy visits although the total number of visits is not documented. He had been instructed in a home exercise program. There was some weakness reported. There was no reason why he could not continue with a home exercise program at that time. As such, the request for 6 additional sessions of physical therapy is not supported and the medical necessity of the request has not been substantiated.