

Case Number:	CM15-0134714		
Date Assigned:	07/23/2015	Date of Injury:	02/23/2013
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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: Montana, Oregon, Idaho
 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 42 year old female who sustained an industrial injury on 2.23.13 after a trip and fall hitting her right shoulder on a railing. She was medically evaluated and provided physical therapy that was mainly for her back. She had little done for the shoulder. She currently complains of right shoulder pain. On physical exam there was pain on palpation of the right shoulder and underneath the axilla, limited range of motion, positive impingement, O'Brien's and cross arm tests; decreased strength and grip. Medication was Naprosyn. Diagnoses include lumbosacral sprain/ strain; thoracic sprain/ strain; lumbar intervertebral disc syndrome; rotator cuff tear; glenoid labrum tear; arthralgia of the shoulder region; diabetes. Diagnostics include MRI of the right shoulder (11.4.14) showing partial thickness rotator cuff tear, type 2 or 4 superior labrum anterior on posterior tear; radiograph of the right shoulder (6.9.15) showed narrowing from the humeral head to the glenoid fossa region. On 6/9/15 the treating provider's plan of care included requests for right shoulder arthroscopic rotator cuff and superior labrum anterior on posterior tear repair; oxycontin20 mg, 30 minutes prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 6/9/15, 7/7/15 and 8/4/15 do not demonstrate 4 months of failure of activity modification, a positive response to a corticosteroid injection or a painful arc of motion from 90-130 degrees. Therefore the request for right shoulder arthroscopic rotator cuff repair is not medically necessary.

SLAP tear repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. There is insufficient evidence from the exam note of 6/9/15, 7/7/15 and 8/4/15 to warrant labral repair secondary lack of documentation of conservative care. Therefore the requested SLAP tear repair is not medically necessary.

Prior to surgery: Oxycontin 20mg: 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
Page(s): 92.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 92 states that oxycontin tablets are not intended for use as a prn analgesic. It is indicated for management of moderate to severe pain, where around the clock analgesic for extended period of time. There is insufficient evidence from the records of 6/9/15 that there is anticipated moderate to severe pain, which will require the degree of analgesic effect provided by Oxycontin. The medication is requested to be given immediately preoperatively prior to the previously denied surgical procedures. The request is not medically necessary.