

Case Number:	CM15-0147020		
Date Assigned:	08/10/2015	Date of Injury:	08/22/2011
Decision Date:	09/23/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 69 year old male, who sustained an industrial injury on 8-22-11. He reported injury to right knee and right shoulder following tripping and falling. The injured worker was diagnosed as having right shoulder end stage arthritis glenohumeral with rotator cuff arthroscopy and right knee chondromalacia patella. Treatment to date has included oral medications including Hydrocodone, Nucynta; physical therapy, cortisone injections in knee, right shoulder surgery and activity modifications. (MRI) magnetic resonance imaging of right shoulder performed on 6-5-14 revealed, moderate to severe glenohumeral joint arthrosis, moderate severe rotator cuff tendinosis and mild to moderate AC joint arthrosis. Currently on 7-7-15, the injured worker complains of constant shoulder pain and knee pain. Physical exam performed on 7-7-15 revealed decreased range of motion of right shoulder and pain on patellofemoral compression with effusion of right knee with limited range of motion. A request for authorization was submitted on 7-20-15 for right shoulder replacement, post op medications Norco 10325mg #60, Tramadol 50mg #60, Anaprox 550mg #60 and Keflex 500mg #28, anesthesia, pre-op labs, EKG, history and physical, post-op physical therapy, and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesiologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Arthroplasty.

Decision rationale: Shoulder arthroplasty is recommended after 6 months of conservative treatment for selected patients. Total shoulder arthroplasty is recommended over hemiarthroplasty. While less common than knee or hip arthroplasty, shoulder arthroplasty is a safe and effective procedure for patients with osteoarthritis or rheumatoid arthritis. Indications for Shoulder Arthroplasty are as follows: A. Glenohumeral and acromioclavicular joint osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis with all of the following: 1. Severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; & 2. Positive radiographic findings (e.g., shoulder joint degeneration, severe joint space stenosis); & 3. Conservative therapies (including NSAIDs, intra-articular steroid injections, and physical therapy) have been tried for at least 6 months and failed; & 4. If rheumatoid arthritis only, tried and failed anti-cytokine agents or disease modifying anti-rheumatic drugs; B. Treatment of proximal humeral fracture nonunion, malunion, or avascular necrosis; C. Not recommended if irreparable rotator cuff tear, in young individuals or in individuals with active local or systemic infection. In this case the anesthesiologist was requested for shoulder arthroplasty. Shoulder arthroplasty was not approved. Therefore anesthesiologist is not necessary. The request is not medically necessary.

Post Operative Meds- Keflex 500mg quantity 28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, July 1, 2013 Issue 131: Drugs for Bacterial Infections.

Decision rationale: Keflex is the first generation cephalosporin, cephalexin. It is used in the treatment of pharyngitis and skin infections. In this case Keflex was requested as a postoperative medication after shoulder arthroplasty. Shoulder arthroplasty was not approved. Therefore Keflex is not medically necessary. The request should not be authorized.

Post operative meds: Tramadol 50mg (or Hydrochloride extended release 150mg) quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case tramadol was requested as a postoperative medication after shoulder arthroplasty. Shoulder arthroplasty was not approved. Therefore tramadol is not medically necessary. The request should not be authorized.