

Case Number:	CM15-0163741		
Date Assigned:	09/01/2015	Date of Injury:	07/10/2013
Decision Date:	10/21/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, Oregon
 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:

This is a 39-year-old female who sustained an industrial injury on 07-10-2013. Diagnoses include subacromial impingement, labral tear, right shoulder; acromioclavicular (AC) joint degenerative joint disease, chronic bursitis and tendonitis; grade 2 sprain of the right shoulder; and scapular dyskinesis. Treatment to date has included medication and activity modification. According to the progress notes dated 7-28-2015, the IW (injured worker) reported weakness and stiffness of the right shoulder with pain rated 5 out of 10. On examination, abduction and internal rotation of the right shoulder was 20 degrees. O'Brien's test was positive on the right; Jobe and Hawkins tests were positive bilaterally. MRI of the left shoulder on 5-28-2015 showed mild supraspinatus, infraspinatus and subscapularis tendinosis; questionable thickening of the glenoid labrum; and mild degenerative change in the AC joint. A request was made for repair labrum, decompression; posture shirt; Ibuprofen 800mg, #120; Voltaren gel; physical therapy twice a week for six weeks for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: posture shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Shoulder Chapter- Compression Garments.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 111-112, NSAIDs, states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. In this case, the request is for use in the shoulder. The guidelines do not recommend the request. The request is not medically necessary.

Ibuprofen 800mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Motrin 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 Motrin is not warranted, as there is no demonstration of functional improvement and the injury is no longer acute. Therefore the request is not medically necessary.

Repair labrum, decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS/ACOEEM Shoulder Chapter, pages 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. See SLAP lesion diagnosis. In this case there is no clear imaging evidence of a labral tear. Therefore request is not medically necessary.

Associated surgical service: physical therapy 2 times a week for 6 weeks, shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.