

<b>Case Number:</b>	CM15-0182251		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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:

The injured worker is a 43 year old male, who sustained an industrial injury on 2-19-14. He reported left shoulder pain. The injured worker was diagnosed as having adhesive capsulitis. Treatment to date has included arthroscopic distal clavicle excision and manipulation of arthroscopic lysis or adhesion, arthroscopic debridement of the anterior superior labral tears, and partial thickness tear with an arthroscopic subacromial decompression on 12-23-14. Other treatment included chiropractic treatment, at least 6 physical therapy sessions, Cortisone injections, and medication including ibuprofen and naproxen. On 8-6-15 physical examination findings included left shoulder limited active range of motion, positive impingement tests, no sensory deficits, and some atrophy in the shoulder musculature and proximal forearm circumference. The injured worker had been taking Ibuprofen since at least March 2014 and Norco since at least January 2015. The injured worker's pain ratings were not noted in the provided documentation. On 8-19-15, the injured worker complained of left shoulder pain. On 9-1-15 the treating physician requested authorization for left shoulder manipulate, lysis, resect adhesion, possible labral repair, rotator cuff repair, subacromial decompression, and debridement. Other requests included Keflex 500mg #12, Zofran 4mg #10, Ibuprofen 600mg #90, Colace 100mg #10, Norco 7.5-325mg #50, Vitamin C 500mg #60, 16 physical therapy sessions, and an assistant surgeon-PA. On 9-9-15 the requests were non-certified; the utilization review physician noted "there is no imaging evidence of a full thickness rotator cuff or labral tear. Additional information is necessary in order for medical necessity to be established for the

requested surgical treatment. As the requested surgical procedure was not certified, all subsequent pre-operative and post-operative requests are therefore not indicated.”

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left shoulder manipulation, lysis, resect adhesion, possible labral repair, rotator cuff repair (RCR) subacromial decompression; debridement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); <http://ncbi.nlm.gov/pubmed/22264832>.

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

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the Official Disability Guidelines, the clinical course of this condition is self-limiting. There is insufficient literature to support capsular distention, arthroscopic lysis of adhesions/capsular release or manipulation under anesthesia (MUA). The requested procedure is not recommended by the guidelines and therefore is not medically necessary.

**Keflex 500mg #12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16581459>; <http://www.ncbi.nlm.nih.gov/pubmed/17210420>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician Journal, 2002 July 1; 66 (1): 119-125, Common bacterial skin infections, Stulberg DL, Penrod MA, Blatny RA.

**Decision rationale:** The CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled “Common Bacterial Skin Infections,” Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

**Zofran 4mg #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; FDA.

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

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of Zofran for postoperative use. According to the Official Disability Guidelines, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, the request is not medically necessary.

**Ibuprofen 600mg #90:** 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:** The CA MTUS/Chronic Pain Medical Treatment Guidelines, 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.

**Colace 100mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Wellman Patrick "FDA Approved Uses of Colace." Essortment. Web. 22 August 2015.

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

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of stool softeners. According to the Official Disability Guidelines, if prescribing opioids, than opioid induced constipation treatment is appropriate. Guidelines also state that prophylactic treatment of constipation should be initiated, when initiating opioid therapy. In this case the constipating medications are not medically necessary, so the stool softener is not medically necessary.

**Norco 7.5/325mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore the request is not medically necessary.

**Vitamin C 500mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.merckmanuals.com/professional/nutritional\\_disorders/vitamin\\_deficiency\\_dependency\\_and\\_toxicity/vitamin\\_c.html](http://www.merckmanuals.com/professional/nutritional_disorders/vitamin_deficiency_dependency_and_toxicity/vitamin_c.html); <http://www.nlm.nih.gov/medlineplus/ency/article/002404.htm>.

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

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of vitamin C supplementation. According to the Official Disability Guidelines, vitamin C is recommended after wrist fracture to lower the risk of RSD. In this case the use scenario is outside of guidelines; therefore the request is not medically necessary.

**Associated surgical service: Physical therapy (16-sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant surgeon-PA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.