MAXIMUS Federal Services

Case Number:	CM15-0190972		
Date Assigned:	10/05/2015	Date of Injury:	06/14/2006
Decision Date:	12/15/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 54 year old male who sustained an industrial injury on 06-14-2006. According to a chart note dated 04-14-2015, the injured worker had chronic severe debilitating pain that had failed conservative measures. She wished to proceed with right shoulder placement. On 04-30-2015, authorization requests were submitted for review for total shoulder arthroplasty surgery, preoperative clearance, postoperative physical therapy, postoperative durable medical equipment and postoperative medications. According to a progress report dated 06-22-2015, the injured worker reported right shoulder pain. He was still able to manage with Dilaudid one to two at night, Percocet 10 mg three to four a day and Lorazepam "maybe one at night". He was still doing formal therapy. He was using his shoulder immobilizer. He was waiting for authorization for a shoulder replacement. Physical examination demonstrated passive range of motion in abduction 50 degrees, forward flexion 30 degrees triggering severe pain in the shoulder. The injured worker was status post multiple right shoulder surgeries and scopes in the past and nerve decompression with chronic shoulder pain and shoulder joint degenerative changes. Prescriptions were written for Dilaudid 4 mg #60, Percocet 10 mg #60 and Lorazepam 1 mg #45. An MRI of the right shoulder performed on 06-24-2015 showed cuff tendinosis but no re-tear, early chondral loss and spurring in the glenohumeral joint, mild glenohumeral capsulitis and status post acromial decompression, biceps tenotomy, labral repair and latarjet procedure stabilization. Prescriptions dated 08-11-2015 were written for Percocet and Lorazepam. According to a progress report dated 08-20-2015, the injured worker had a history of right shoulder pain, joint degenerative changes and had been dealing with chronic pain. He was

awaiting right shoulder replacement. Authorization requests dated 08-31-2015 were submitted for review. The request services included refill medications-Percocet, Dilaudid and Lorazepam, right total shoulder replacement in patient for 1-3 days, history and physical, labs, EKG, postoperative physical therapy 24 visits, arm sling, game ready cryo unit 14 day rental, postoperative medications- Keflex, Phenergan, Ibuprofen and Percocet. On 09-14-2015, Utilization Review non-certified the request for Lorazepam 1 mg #45 prescribed 08-11-2015 and preoperative laboratory studies and modified the request for 1-3 day inpatient hospital stay, postoperative physical therapy for the right shoulder 3 times a week for 8 weeks, postoperative game ready cryo unit rental for 14 days and postoperative Phenergan 25 mg #30 prescribed 08-20-2015 and authorized the request for right total shoulder replacement, Percocet, Dilaudid, pre-operative history and physical and EKG, postoperative arm sling, postoperative Keflex, Ibuprofen and Percocet prescribed 08-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #45, prescribed 08/11/15: 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): Benzodiazepines.

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case there is no rational from the exam notes of why Lorazepam is required. Therefore the request for Lorazepam is not medically necessary.

Associated surgical service: 1- 3 day inpatient hospital stay: 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), Shoulder Chapter (Online Version), Hospital length of stay (LOS).

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: CAMTUS/ACOEM is silent on length of stay after total shoulder replacement. ODG shoulder section is referenced. The best practice guideline is 2-day hospital

stay. In this case, the request is for up to 3 days and exceeds the guideline recommendations and is not medically necessary.

Pre-operative laboratory studies: Upheld

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

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is healthy without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Furthermore, the requested labs are not specified. Therefore the request is not medically necessary.

Post-operative physical therapy for the right shoulder 3 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds the initial recommended number of visits and is therefore not medically necessary.

Post-operative Game Ready Cryo unit rental for 14 days: 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), (Online Version) Continuous Flow Cryotherapy.

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/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case the requested duration exceeds the guideline recommendations and the request is therefore not medically necessary.

Post-operative Phenergan 25mg #30, prescribed 08/20/15: 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 (Online Version) Promethazine (Phenergan).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of promethazine (Phenergan). According to the ODG Chronic Pain Chapter, Anti-emetics is used to counteract opioid induced nausea for a period of less than 4 weeks. In this case there is insufficient evidence from the records of opioid induced nausea to warrant the use of Phenergan. Therefore the request is not medically necessary.