

Case Number:	CM15-0192641		
Date Assigned:	10/06/2015	Date of Injury:	11/01/2013
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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: Illinois, California, Texas
 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 injured worker is a 63-year-old female who sustained an industrial injury on 11/1/13, relative to cumulative trauma to both shoulders. Past medical history was positive for asthma and depression. She underwent right shoulder surgery on 1/22/15. The 6/6/15 left shoulder MRI impression documented a full thickness supraspinatus tendon tear, partial thickness interstitial tearing of the subscapularis and infraspinatus tendons, degeneration of the acromioclavicular joint with downsloping acromion, high riding humeral head and significant cuff muscular atrophy, and subluxation of the long head biceps tendon and degenerative SLAP lesion. Conservative treatment had included activity modification, anti-inflammatory, short-term opioid therapy, and physical therapy. The 7/8/15 treating physician report indicated that the injured worker was 6 months status post right shoulder surgery with on-going left shoulder pain that was compensatory while recovering from right shoulder surgery. She reported that the left shoulder had become progressively more painful and weak. She had neck pain radiating down to her right hand. Left shoulder exam documented 4-/5 abduction weakness with good range of motion and rotational strength. There was pain with lifting above shoulder levels. Imaging documented a medium to large rotator cuff tear. Authorization was requested for left shoulder diagnostic art with rotator cuff repair and decompression, 12 post-operative physical therapy sessions, 7 days of Polar care cold therapy unit, one sling, Norco 5/325 mg #60, and Zofran 4 mg #60. The 9/17/15 utilization review certified the left shoulder surgery and associated requests for modified the requests for 12 post-operative physical therapy sessions, 7 days of Polar care cold therapy unit, one sling, and Norco 5/325 mg #60. The request for Zofran 4 mg #60 was modified to Zofran 4 mg #30, which should be sufficient for post-operative nausea and vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Zofran 4 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physician's Desk Reference).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice guidelines for post-anesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Post-anesthetic Care. *Anesthesiology*. 2013 Feb;118(2):291-307.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for anti-emetics for post-operative use. Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. The 9/17/15 utilization review modified this request to Zofran 4 mg #30. There are no specific indications for the prophylactic prescription of anti-emetics for this patient. There is no compelling rationale to support the medical necessity of additional medication certification. Therefore, this request is not medically necessary.