MAXIMUS Federal Services

Case Number:	CM15-0192862		
Date Assigned:	10/08/2015	Date of Injury:	05/02/2014
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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 40-year-old female, with a reported date of injury of 05-02-2014. The diagnoses include status post left shoulder arthroscopy, left shoulder adhesive capsulitis, left shoulder subacromial and subdeltoid bursitis, left shoulder bicipital tendinitis, and left shoulder SLAP (superior labrum anterior and posterior) tear. Treatments and evaluation to date have included left shoulder arthroscopy on 02-25-2014, and Ibuprofen. The diagnostic studies to date have not been included in the medical records provided. The comprehensive orthopedic evaluation report dated 07-28-2015 indicates that the injured worker presented for follow-up of her injuries to the left shoulder. On 06-16-2015 and 07-28-2015, the injured worker complained of left shoulder pain, which was rated 4 out of 10. The pain caused shooting or sharp pain down into the elbow. She continued to have difficulty reaching for objects above shoulder level and behind her back. The physical examination of the left shoulder showed range of motion no better than 75% of full; positive Neer's; positive 90-degree crossover impingement test; positive Apley's; positive Hawkin's; weak abduction against resistance; and tenderness over the acromioclavicular joint and especially over the subacromion. It was noted that the injured worker may work with restrictions, including prolonged positions, whether static or moving, for greater than two hours at a time. The request for authorization was dated 09-24-2015. The treating physician requested left shoulder possible labral repair, possible rotator cuff repair, subacromial decompression, debridement manipulation, lysis, and resection of adhesion; Vitamin C 500mg #60; Keflex 500mg #12; and hospital assistance. On 09-30-2015, Utilization Review (UR) non-certified the request for left shoulder possible labral repair, possible rotator cuff repair,

subacromial decompression, debridement manipulation, lysis, and resection of adhesion; Vitamin C 500mg #60; Keflex 500mg #12; and hospital assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder possible labral repair, possible RCR, subacromial decompression, debridement manipulate, Lysis, resect adhesion: Upheld

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

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 surgery for adhesive capsulitis. Per ODG shoulder section, 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 500 mg #12: 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 Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1; 66 (1): 119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex and 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.

Vitamin C 500 mg #60: 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) wrist.

Decision rationale: CAMTUS/ACOEM is silent on the issue of vitamin c supplementation. Per ODG wrist, 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.

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