

<b>Case Number:</b>	CM15-0029143		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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  
 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 61 year old male who sustained a work related injury on February 11, 2012. He lost his balance and tried to catch himself from falling by grabbing onto a loader door with his right hand. Most of his weight was on the right upper extremity and resulted in acute pain. He was diagnosed with right shoulder adhesive capsulitis, impingement, rotator cuff tear and labral tear. He underwent a right shoulder arthroscope with lysis of adhesions, capsulectomy, synovectomy and manipulation. Treatment included medications, activity modification, physical therapy, acupuncture, Home Exercise Program (HEP), and cortisone injections. Exam note from 2/3/15 demonstrates patient is struggling with stiffness in the shoulder. Right shoulder range of motion is decreased with forward elevation at 110 degrees, external rotation of 10 degrees and internal rotation to the buttock level. Rotator cuff strength was noted to be 4/5. Currently, in February, 2015, the injured worker still complained of stiffness in the shoulder with limited range of motion. On February 17, 2015, a request for a right shoulder possible labral repair, rotator cuff revision and debridement; physical therapy for 16 sessions; Clindamycin 300mg, #4; Zofran 4mg, #10; Naproxen 500mg, #60; Colace 100mg, #10; Norco 7.5/325 #50; Vitamin C 500mg, #60; and manipulation of lysis resection adhesion was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule, Official Disability Guidelines and American College of Occupational and Environmental Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder possible labral repair, RC revision, SAD debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for rotator cuff repair.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 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. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case, the submitted notes from 2/3/15 do not demonstrate 4 months of failure of activity modification. The physical exam from 2/3/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore the determination is for non-certification for the requested procedure.

**Associated surgical service: Physical therapy x 16:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.

**Clindamycin 300mg #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless textbook of Orthopedics.

**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 FamPhysician. 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", Clindamycin is an alternative to Penicillin or Cephalosporin allergic patients for skin wounds and skin infections. It

was found from a review of the medical record submitted of no evidence of a wound infection from 2/3/15 to warrant antibiotic prophylaxis. The request for Clindamycin 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 ODG, Anti-emetics for opioid nausea.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the exam note from 2/3/15 does not demonstrate evidence of nausea and vomiting or increased risk for postoperative issues. Therefore determination is for non-certification.

**Naproxen 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen 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 Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 2/3/15. Therefore, determination is non-certification.

**Colace 100mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioid induced constipation.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of stool softeners. According to the ODG Pain section, opioid induced constipation treatment, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that

Prophylactic treatment of constipation should be initiated." In this case, the use of opioids is not indicated. Therefore, the use of Colace in this case is deemed as non-certified.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, 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. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 2/3/15. Therefore the determination is for non-certification.

**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 [www.nlm.nih.gov](http://www.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS prevention Page(s): 38.

**Decision rationale:** CA MTUS/Chronic pain, CRPS prevention, page 38, states that 500 mg Vitamin C daily may be started in cases of post fracture chronic regional pain syndrome Type I. In this case the exam notes from 2/3/15 do not demonstrate evidence satisfying the stated criteria. Therefore the determination is for non-certification.

**Manipulate lysis resect adhesion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for adhesive capsulitis.

**Decision rationale:** CA MTUS/ACOEM Guidelines are silent on the issue of surgery for adhesive capsulitis. According to the ODG Shoulder section, surgery for adhesive capsulitis, "Under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment." The guidelines recommend an attempt of 3-6 months of

conservative therapy prior to contemplation of manipulation and when range of motion remains restricted (abduction less than 90 degrees). In this case there is insufficient evidence of failure of conservative management in the notes submitted from 2/3/15. Until a conservative course of management has been properly documented, the determination is for non-certification.