

<b>Case Number:</b>	CM15-0032212		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 54-year-old male who reported an injury on 02/06/2013. The current request is for a left shoulder surgery with postoperative physical therapy and postoperative medication. The latest physician progress report submitted for review is documented on 12/16/2014. It is noted that the injured worker has been diagnosed with left shoulder SLAP tear, impingement, possible rotator cuff tear, and adhesive capsulitis. The injured worker presented with complaints of persistent shoulder pain. It was noted that the injured worker had been previously treated with physical therapy without an improvement in symptoms. The injured worker also utilizes hydrocodone and diclofenac. Upon examination of the left shoulder, there was 125 degree elevation, 40 degree external rotation, internal rotation to the buttock level, mild tenderness of the AC joint, tenderness of the greater tuberosity and proximal biceps tendon, and 4/5 rotator cuff weakness with a positive impingement sign. Plain films obtained in the office revealed mild to moderate arthritic changes of the shoulder. Recommendations included a cortisone injection and additional physical therapy. The provider indicated, if the injured worker did not experience an improvement in symptoms, consideration would be made for manipulation under anesthesia with arthroscopic lysis of adhesions and treatment of rotator cuff or labral pathology in arthroscopic or mini open fashion. The official MRI of the left shoulder dated 09/29/2014 was submitted for review, and indicated a superior labral anterior posterior tear, intact rotator cuff, fibrosis in the left rotator interval, findings consistent with adhesive capsulitis, and mild osteoarthritis of the left AC joint.

## 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 ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Surgery for SLAP lesions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, it was noted that the injured worker was treated with a cortisone injection and was pending authorization for additional physical therapy. There is no evidence of an exhaustion of conservative management. The injured worker's response to the previously administered injection was not documented. Given the above, the request is not medically necessary at this time.

**Associated surgical service: Assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back, Surgical Assistance.

**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.

**16 sessions of postoperative physical therapy (twice a week for eight weeks):** 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.

**Keflex 500mg #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Infectious Disease, Cephalexin (Keflex).

**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.

**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, Treatment Index, 11th Edition (web), 2014, Pain, Antiemetics (for opioid nausea).

**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.

**Ibuprofen 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**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.

**Colace 100mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Pain, Opioid-induced Constipation Treatment.

**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.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**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.

**Vitamin C 500 #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.co: Ascorbic Acid.

**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.