

Case Number:	CM15-0032557		
Date Assigned:	02/26/2015	Date of Injury:	08/31/2010
Decision Date:	04/17/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	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, Sports Medicine

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 42-year-old female who reported an injury on 08/31/2010. The mechanism of injury was not provided. The documentation indicated prior therapies included physical therapy, chiropractic care, cognitive behavioral therapy and medications including NSAIDs and omeprazole. The injured worker was participating in a home exercise program. The documentation indicated the injured worker had an MRI of the left shoulder on 03/05/2012 which revealed positive AC joint arthritis and impingement problems as well as tendinosis. There was a Request for Authorization submitted for review dated 12/19/2014. The documentation of 12/19/2014 revealed the injured worker was awaiting approval for proceeding with left shoulder surgery. The injured worker was lacking an MRI of the right shoulder, which was not approved. The injured worker continued to have bilateral shoulder pain and she stated that she wished to have a cortisone injection and pain medication. The physical examination of the right shoulder revealed tenderness in the subacromial space, bicipital groove, and positive Neer's and Hawkins impingement signs. The injured worker was grossly neurovascularly intact. The examination of the left shoulder revealed tenderness in the bicipital groove and subacromial space. The injured worker had positive Neer's and Hawkins impingement signs with a positive Speed's test. The diagnoses included bilateral shoulder bursitis and bilateral biceps tenosynovitis. The treatment plan included an MRI of the right shoulder to indicate that pathology was present. The left shoulder was noted to need surgical intervention, including a biceps tenodesis and subacromial decompression. The injured worker received bilateral cortisone injections and the documentation indicated the injured worker would need

postoperative physical therapy for 12 visits. The documentation indicated the injured worker was working full time as of 01/2015. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that for injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review indicated the injured worker had positive findings upon physical examination. There was a lack of documentation, however, the prior conservative treatment that was provided for the injured worker in regard to the right shoulder. The request was made for a confirmation right shoulder pathology. Given the above, the request for an MRI of the right shoulder if not medically necessary.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76, 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Before initiating therapy, the injured worker should set goals and the continued use of opioids should be contingent upon meeting these goals. Baseline pain and functional assessments should be made including social, physical, psychological, daily, and work activities and should be performed using a validated instrument or numerical rating scale and the pain related assessment should include the history of pain treatment and effective pain function. The injured worker should have at least 1 physical and psychosocial assessment by the treating physician to assess whether a trial of opioids should occur. The clinical documentation submitted for review failed to indicate the injured worker had a failure of NSAIDs. There was a lack of documentation of baseline pain and functional assessments to support the necessity for opiates. Additionally, there was a lack of documentation of a psychosocial assessment to support whether a trial of opioids should occur. The rationale was not provided. The request as submitted

failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #100 is not medically necessary.

Left shoulder biceps tenodesis and subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Biceps Tenodesis.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that surgical consultation may be appropriate for injured workers who have activity limitation for more than 4 months, failure to increase range of motion and strength in the musculature around the shoulder, even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In regard to impingement syndrome, this procedure is not indicated for injured workers with mild symptoms and those who had no activity limitations. Conservative care, including cortisone injections, should be carried out for at least 3 to 6 months before considering surgery. There should be documentation of a deficit in the rotator cuff. They do not however, address a biceps tenodesis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a biceps tenodesis is recommended for injured workers undergoing concomitant rotator cuff repair, and they further indicate that a definitive diagnosis of a SLAP lesion is found in a diagnostic arthroscopy and the repair is carried out for a type II or at a type IV lesion. The clinical documentation submitted for review indicated the injured worker had undergone conservative care. There were no official MRI or x-ray results to support the necessity for surgical intervention. There was a lack of documentation of activity limitations as it was noted the injured worker was working full time. The decision to perform a biceps tenodesis would be decided intraoperatively and as the subacromial decompression was not supported and there were no imaging studies to support the need for the subacromial decompression or biceps tenodesis. Given the above, the request for left shoulder biceps tenodesis and subacromial decompression is not medically necessary.

Post-op physical therapy x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Post-surgical physical medicine.

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.

Assistant surgeon: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.