

<b>Case Number:</b>	CM15-0036542		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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:

The injured worker is a 55-year-old male who sustained an industrial injury on 12/4/14, relative to a motor vehicle accident. Past medical history was positive for hypertension. The 1/9/15 left shoulder MRI impression documented a full-thickness tear of the supraspinatus tendon anterior leading edge, degenerative appearance of the superior and posterior labrum, moderate acromioclavicular (AC) joint arthrosis, and mild subacromial subdeltoid bursitis. The 1/21/15 initial orthopedic report cited neck and left shoulder pain radiating to the elbow. Conservative treatment had included activity modification, physical therapy, and medications within significant improvement. Pain was grade 8/10 and increased with movement. Physical exam documented limited range of motion, positive impingement signs, decreased rotator cuff strength, positive belly press, lift-off, O'Brien's and Clancy's tests. X-rays of the left shoulder showed mild to moderate lateral downsloping/lateral prominent acromion, mild acromial and greater tuberosity sclerosis, mild to moderate AC joint arthrosis, and mild to moderate narrowing. The diagnosis included left shoulder pain and rotator cuff tear. MRI review was pending. The 1/30/15 treating physician report recommended left shoulder surgery. The 2/6/15 utilization review certified the request for left shoulder arthroscopy, exam under anesthesia, acromioplasty, rotator cuff repair, possible biceps tenodesis, subscapularis repair, and possible subcoracoid decompression with associated anesthesia services, pre-operative medical clearance and labs, and post-operative Norco and Flexeril. The request for post op physical therapy 2-3 x weeks x 16-24 weeks for the left shoulder was modified to 12 initial sessions. The requested

post-operative Compazine 10mg #10 and enteric-coated aspirin (ECASA) 325mg #30 were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Post Op Physical Therapy 2-3 x week x 16-24 weeks for the left shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy. The 2/6/15 utilization review recommended partial certification of 12 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.

#### **Post Op Compazine 10mg #10: 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 Practice guidelines for postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic 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 Compazine, for the prevention and treatment of nausea and vomiting when indicated, but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. Guideline criteria have not been met. There is no specific indication documented to support the medical necessity of this prophylactic prescription. Therefore, this request is not medically necessary.

#### **Post Op ECASA 325mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 212.

**Decision rationale:** The California MTUS guidelines recommend the use of non-steroidal anti-inflammatory drugs, like enteric coated aspirin, in the management of acute pain in shoulder complaints. Guideline criteria have been met for post-operative use of this medication. Therefore, this request is medically necessary.