

Case Number:	CM15-0037973		
Date Assigned:	03/06/2015	Date of Injury:	04/15/2013
Decision Date:	04/24/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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 51-year-old female who reported an injury on 04/15/2013. The mechanism of injury was the injured worker lost balance and fell off and landed on the right side. The documentation indicated the injured worker had been authorized for right shoulder arthroscopy with subacromial decompression and distal clavicle resection. Prior treatments included acupuncture therapy, shoulder steroid injection, medications, chiropractic care, physical therapy, cervical epidural steroid injections, and topical medications. The injured worker underwent an x-ray of the right shoulder and an MRI of the right shoulder. The injured worker's medications included opiates, naproxen, Prilosec, docuprene, and LidoPro cream. The documentation of 01/19/2015 revealed the injured worker had some increased numbness into the right greater than left hand and into the fingers. The injured worker was taking Norco, Senokot, and Prilosec. The injured worker indicated the medications helped with her pain level and allowed for increased function. The physical examination indicated the injured worker had a positive Spurling's test. The diagnoses included right shoulder arthralgia. The treatment plan included an EMG/NCV. There was no specific documentation other than the request for authorization requesting the treatments. There was a Request for Authorization submitted for review dated 02/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult for Pre-operative Clearance: Overturned

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 Society of General Internal Medicine <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: Per the Society of General Internal Medicine Online, "preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the injured worker had been approved for shoulder surgery. As such, an internal medicine consult would be appropriate. Given the above, the request for internal medicine consult for pre-operative clearance is medically necessary.

Pre-operative Studies: CXR, EXG, Labs: CBC, Chem 7 and PT/PTT/INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general, Preoperative electrocardiogram (ECG), Preoperative lab testing.

Decision rationale: The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results will change perioperative management. Preoperative EKGs in injured workers without known risk factors for coronary disease regardless of age may not be necessary. A complete blood count is indicated for injured workers with diseases that increase the risk of anemia or in injured workers whom significant perioperative blood loss is anticipated. Electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Additionally, coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. There was a lack of documentation of exceptional factors to support the necessity for testing. The specific documentation requesting the testing was not provided. Given the above, the request for pre-operative studies: CXR, EKG, labs: CBC, Chem 7 and PT/PTT/INR is not medically necessary.

Percocet 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was to undergo surgical intervention, which would support the necessity for postoperative pain medications. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325mg #120 is not 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 (ODG) Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease, Cephalexin.

Decision rationale: The Official Disability Guidelines indicate that Keflex is recommended as a first line treatment for cellulitis and other conditions. The injured worker was noted to be undergoing surgical intervention for the shoulder. This would expose the injured worker to intraoperative bacteria, and the request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Keflex 500mg #12 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate that Ambien is recommended for the short term treatment of insomnia for up to 10 days. There was a lack of documentation indicating a necessity for a quantity of 30. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10mg #30 is not medically necessary.

Zofran 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (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 (ODG) Pain Chapter, Antiemetics.

Decision rationale: The Official Disability Guidelines indicate that Zofran is FDA approved and recommended for postoperative use. There was a lack of documentation indicating the injured worker had a necessity for antiemetics. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zofran 4mg #30 is not medically necessary.

Post-operative Cold Therapy Unit X 6 weeks: 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) Shoulder Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for 7 days post operatively. The injured worker was approved for shoulder surgery. As such, the request would be supported for 7 days rental. The request for 6 weeks of therapy would be excessive. Additionally, the request as submitted failed to indicate the body part to be treated and whether the unit was for rental or purchase. Given the above, the request for Post-operative Cold Therapy Unit X 6 weeks is not medically necessary.

Post-operative Chiropractic Therapy 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation, Chiropractic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation.

Decision rationale: The Official Disability Guidelines indicate that manual therapy is recommended for up to 9 visits. The injured worker was approved for shoulder surgery. As such, this request would be supported for 9 visits. However, the request for 12 sessions would be excessive. Additionally, the request as submitted failed to indicate the body part to be treated. Given the above, the request for post-operative Chiropractic Therapy 2 x 6 is not medically necessary.