

<b>Case Number:</b>	CM15-0057053		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 female who sustained an industrial injury on 6/25/13. Injury occurred when he was opening a stockroom door and a metal ladder fell, hitting her right shoulder. The 11/6/13 right shoulder MRI documented a small high-grade, near full thickness tear of the supraspinatus insertion laterally with underlying tendinosis of the entire supraspinatus tendon. There was moderate degenerative joint disease at the acromioclavicular joint with some subchondral cystic changes. The 2/23/15 treating physician report cited continued right shoulder pain with activity, especially overhead reaching and reaching backwards. Physical exam documented limited range of motion, positive supraspinatus and O'Brien's tests, tenderness over the acromioclavicular joint, sign abduction and flexion weakness, and positive impingement test. Authorization was requested for right shoulder arthroscopic rotator cuff debridement/repair, possible distal clavicle resection, subacromial decompression, and SLAP lesion debridement/repair, pre-operative clearance, cold therapy unit, and immobilizer/sling with pillow, post-op physical therapy, and post-op pain medications. The 3/10/15 utilization review non-certified the request for post-op medications based on a lack of information as the specific medications were not documented. Records indicated the injured worker underwent a right shoulder rotator cuff repair and arthroscopic subacromial decompression and coracoacromial release on 3/31/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op medications:** 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): 241.

**Decision rationale:** The California MTUS guidelines support the use of opioid medications for shoulder pain. Post-operative pain medication would be reasonable and supported by guidelines. However, this request for post-op pain medications lacks the specificity to establish medical necessity. There is no documentation relative to the specific medication, dosage, or quantity being requested. Therefore, this request is not medically necessary.