MAXIMUS Federal Services

| Case Number: | CM15-0084517 | | |
|---|---|---|---|
| Date Assigned: | 05/06/2015 | Date of Injury: | 07/28/2014 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

## 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: Minnesota, Florida
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 female, who sustained an industrial injury on 7/28/2014. Diagnoses include right shoulder impingement/bursitis, right shoulder SLAP tear and bilateral carpal tunnel syndrome. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, medications, physical therapy, home exercise, and activity modifications. Per the Primary Treating Physician's Progress Report dated 1/21/2015, the injured worker reported right shoulder pain. Physical examination revealed tenderness to palpation over the biceps tendon and lateral acromion with decreased range of motion upon flexion and abduction. The plan of care included surgical intervention and authorization was requested for right shoulder arthroscopy, pre-operative diagnostics and consultations, post-operative physical therapy, medications, and a post-operative sling.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** According to California MTUS chronic pain guidelines, patients at intermediate risk for gastrointestinal events may be treated with nonselective NSAIDs with a proton pump inhibitor. The medical records indicate a history of gastrointestinal problems. As such, the request for Omeprazole is reasonable and medically necessary.

**Apap/with Codeine 300/30mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 78.

**Decision rationale:** The documentation indicates chronic use of opioids for pain relief. The injured worker has now been approved for shoulder surgery and so continued use of opioids for pain relief after surgery is appropriate. However, weaning is suggested if there is significant functional improvement from the procedure. The guidelines with regard to ongoing management of opioids should be followed. The request as stated is for codeine 30mg with acetaminophen 300mg which is appropriate and the medical necessity has been established.

**Naproxen sodium 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): s 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** California MTUS chronic pain guidelines indicate specific recommendation for NSAIDs in osteoarthritis. The documentation indicates the presence of mild osteoarthritis of the glenohumeral joint. NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs are recommended as an option for short-term symptomatic relief of back pain. As such, the request for Naproxen is appropriate and the medical necessity is established.

**8 visits of physical therapy for the neck/back:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98- 99.

**Decision rationale:** California MTUS chronic pain medical treatment guidelines recommend physical medicine for neck and back pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This form of therapy may require supervision from a therapist. The guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. For myalgia and myositis, unspecified, 9-10 visits are recommended over 8 weeks. The request as stated is for 8 visits which is appropriate and the medical necessity is established.

**Right shoulder arthroscopy with Subacromial Decompression & Slap Debridement:** Overturned

**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): 211.

**Decision rationale:** The injured worker is a 54-year-old female with a date of injury of 7/28/2014. There is a history of ongoing neck, mid back, and low back pain as well as bilateral shoulder pain. There is also a history of migraine headaches, sleep difficulty, anxiety, depression, hypercholesterolemia, and diabetes. The documentation indicates that she completed 12 sessions of chiropractic therapy with mild relief and 2 sessions of acupuncture with no relief. MRI scan of the right shoulder dated 8/28/2014 is reported to show moderate tendinosis of the supraspinatus tendon with focal moderate grade partial interstitial tear posteriorly near the junction with the infraspinatus fibers, mild to moderate tendinosis of the infraspinatus and subscapularis tendons with possible low-grade interstitial tear of the subscapularis tendon, and significant increased signal intensity in the superior glenoid labrum consistent with a complex or chronic SLAP tear. The rest of the labrum demonstrates a mildly degenerative appearance and mild osteoarthritis of the glenohumeral joint. EMG and nerve conduction study dated 1/5/2015 revealed evidence of bilateral median neuropathy at the wrist affecting the sensory components. This is consistent with mild carpal tunnel syndrome. There is no elective diagnostic evidence of cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs. Physical examination of the right shoulder revealed active flexion of 130 degrees, abduction 120 degrees, external rotation 45 degrees to the side and 90 degrees 90 degrees of abduction, internal rotation 70 degrees at 90 degrees of abduction. There was tenderness to palpation over the biceps tendon and lateral acromion. Neer and Hawkins/Kennedy were positive. Yergason and Speeds were negative. O'Brien's was positive. The assessment was right shoulder impingement/bursitis, right shoulder SLAP tear, and bilateral carpal tunnel syndrome. The progress note dated 3/3/2015 indicates that the injured worker had failed 24 sessions of physical therapy and a home exercise program and surgery was recommended. The recommended procedure consisted of a right shoulder arthroscopy with subacromial decompression and SLAP debridement. In addition, postoperative medications including Percocet, Keflex, Ambien, and Zofran were requested.

Additional requests pertained to DME: sling, ice therapy for 3 weeks, and postoperative physical therapy 2 times a week for 6 weeks. Based on the chronicity of the pathology and the response to conservative treatment the provider explained to the injured worker that 60 percent recovery was estimated. California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. The injured worker has clinical and imaging evidence of impingement syndrome. The documentation indicates a satisfactory trial of conservative treatment for more than 6 months with associated failure. As such, the request for subacromial decompression and SLAP debridement is indicated by guidelines and the medical necessity has been substantiated.