

<b>Case Number:</b>	CM14-0117652		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47-year-old female who reported an injury due to cumulative and repetitive movements on 12/23/2013. On 02/24/2014, her diagnoses included right shoulder impingement syndrome, right lateral epicondylitis, and right wrist tendinopathy with flexor tendonitis. Her complaints included persistent pain in her right shoulder which radiated into her neck and right arm. She reported a recent onset of numbness and tingling in her right hand and occasional triggering in her right middle finger, aggravated by occupational repetitive work. Her medications included Voltaren 100 mg, Protonix 20 mg, and Ultram ER 150 mg. The treatment plan recommended an electrodiagnostic evaluation of the bilateral upper extremities and occupational therapy with transition to a home based exercise program. On 06/06/2014, she reported a 70% relief in pain for 5 days from a steroid injection to the right shoulder. The plan was a continuation of 8 additional visits of physical therapy. If there were no improvements, arthroscopy and subacromial decompression was recommended. On 06/24/2014, an x-ray report of the right shoulder revealed down sloping acromion with no degenerative joint disease of the AC or glenohumeral joints. Her right shoulder ranges of motion measured in degrees were flexion 160, abduction 150 and external rotation 90. It was noted that she had completed 12 physical therapy visits with slight benefit but her symptoms had plateaued. On 07/03/2014, Norflex 100 mg and Norco 10/325 mg were dispensed. She reported good results with the Norflex. There was no rationale or request for authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopy with subacromial decompression: Upheld**

**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): 09-210.

**Decision rationale:** The request for Right Shoulder Arthroscopy with subacromial decompression is not medically necessary. Per the California ACOEM Guidelines, referral for surgical consultation may be indicated for patients who have red flag conditions, including acute rotator cuff tear or glenohumeral joint dislocation. They may also have activity limitation for more than 4 months plus existence of a surgical lesion. There should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both short and long term from surgical repair. Surgical considerations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. The x-rays of this worker's shoulder showed no degenerative joint disease of the AC or glenohumeral joint. There was no record of an MRI of the shoulder having been performed. There was no evidence submitted that the requested electrodiagnostic studies of the right upper extremity had been performed. There was no documentation of any red flag conditions including rotator cuff tear or glenohumeral joint dislocation. The clinical information submitted failed to meet the evidence based guidelines for surgery. Therefore, this request for Right Shoulder Arthroscopy with subacromial decompression is not 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.

**Cold therapy x14 days: 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.

**Norco 10-325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 10-325mg #60: is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including psychosocial assessment, side effects, failed trials of aspirin, antidepressants or anticonvulsants. Additionally, the request failed to include the frequency of administration. Therefore, this request for Norco 10-325mg #60: is not medically necessary.

**Physical therapy 12 visits:** 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.