MAXIMUS Federal Services

Case Number:	CM14-0218801		
Date Assigned:	01/08/2015	Date of Injury:	11/18/1999
Decision Date:	03/13/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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 50-year-old male who reported an injury on 11/18/1999 when he was working in a cement finisher, he was hit in the head by a chute from the cement truck. On 11/05/2014, the injured worker presented with bilateral shoulder pain. Current medications included Percocet. Upon examination of the right shoulder, there was no swelling, deformity, or effusion. Tenderness to palpation over the AC joint and no pain with range of motion. There was a positive Neer's, Hawkins, and Yergason's test. There was 4/5 strength and 2+ deep tendon reflexes with decreased sensation to the right C5 and C6. Examination of the left shoulder revealed positive Neer's, Hawkins, and 5-/5 strength with 2+ deep tendon reflexes. The diagnoses were bilateral shoulder rotator cuff tear status post rotator cuff repair, right shoulder hardware failure, right shoulder recurrent rotator cuff tear, left shoulder impingement bursitis, and left shoulder partial rotator cuff tear. Other therapy included ice and chiropractic care. The provider recommended a prescription of Percocet, preoperative clearance, and a postop sling. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for 1 prescription of Percocet 5/325 mg #120 is not medically necessary. The California MTUS Guidelines state that opioids are recommended for ongoing management of chronic pain. The guidelines recommended ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, there is no information on treatment history and length of time the injured worker has been prescribed these medications. A current urine drug screen, along with a current signed pain contract, was not provided. There is no information on increased function or decreased pain to support the continued use of this medication. As such, medical necessity has not been established.

1 medicine consult- preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Low back, Pre Op, General.

Decision rationale: The request for 1 medicine consult-preoperative clearance is not medically necessary. The Official Disability Guidelines state that preoperative testing is often performed for surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but are often obtained due to protocol rather than medical necessity. The decision to order preop tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. There is lack of documentation of a comorbid condition that would require preoperative tests. As such, medical necessity has not been established.

1 sling for post-operative care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The request for 1 sling for postoperative care is not medically necessary. The California MTUS/ACOEM Guidelines state a sling is recommended for acute pain and comfort. The provider recommended a sling for postoperative care. However, the body part at which the sling was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.