

Case Number:	CM15-0003961		
Date Assigned:	01/15/2015	Date of Injury:	11/08/2011
Decision Date:	03/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York
 Certification(s)/Specialty: Neurological 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:

This 70 year old female disability claims representative tripped on a construction rug and fell against an elevator wall fracturing her humerus on November 8, 2011. The injured worker underwent open reduction internal fixation of the left humerus fracture, January 12, 2012. The surgery included hardware, cadaver bone, plates and screws. She was placed in a sling for four months and developed a frozen shoulder. The injured workers chief complaints were of left shoulder pain and the inability to sleep because of the pain. The injured worker was diagnosed with a humeral head fracture, status post open reduction internal fixation of humeral head fracture with allograft. She was treated with physical therapy in March of 2012 until March 2013, two times a week, on and off. She also received sleep aides, pain medication, exercises, ice treatments, occasional massage and diagnostic testing. On the AME visit of 04/21/14 she complained of constant pain about the entire shoulder. She had a stiff and weak feeling. The pain was aggravated by heavy lifting and repetitive overhead use such as pushing or pulling. On November 20, 2014, the primary treating physician requested authorization for left shoulder removal of hardware, left shoulder lysis of adhesions for shoulder pain. Preoperative and postoperative care was requested as well as authorization for 2 day inpatient stay, medical clearance, postoperative physical therapy, vascutherm/cold therapy unit rental for 14 days, shoulder sling, postoperative prescriptions for Colace, Percocet and Oxycontin. On December 4, 2014, the UR denied left shoulder removal of hardware, left shoulder lysis of adhesions, inpatient 2 day stay, medical clearance, postoperative physical therapy, vascutherm/cold therapy unit rental for 14 days, shoulder sling, postoperative prescriptions for Colace, Percocet and

Oxycontin. The UR denied based on ODG guidelines for Hardware removal due was not clear what the benefit would be from the removal of the hardware and lysis of adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder removal of hardware Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation ODG, 12 Edition, 2014, Shoulder, Hardware removal

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter-Hardware removal

Decision rationale: The ODG guidelines do not recommend routine removal of hardware unless broken. If the worker were having ongoing severe pain not responsive to conservative measures, then removal could be considered. However the documentation does not show the presence of nerve blocks which are recommended, especially in the treatment of capsulitis. Complete relief of shoulder pain was noted in the guidelines following blocks in some cases. Thus this request is not medically necessary or appropriate.

Left shoulder lysis of adhesions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation ODG, 12th Edition, 2014, Shoulder, Surgery for adhesive capsulitis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder chapter-Adhesive capsulitis, frozen shoulder

Decision rationale: According to the ODG guidelines surgery for adhesive capsulitis is under study. They noted it was unclear whether manipulation under anesthesia (MUA) or surgery were followed with better results. Documentation does not show the worker was offered manipulation under anesthesia. Moreover, since excellent results have been obtained with nerve blocks in the treatment of shoulder pain from adhesive capsulitis it would seem prudent this was offered to the worker. There is no evidence this was discussed. Therefore, this request for left shoulder lysis of adhesions is not medically necessary or appropriate.

Inpatient stay (days) Qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this request for left shoulder lysis of adhesions is not medically necessary or appropriate the inpatient stay(days) Qty:2 is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this request for left shoulder lysis of adhesions is not medically necessary or appropriate the medical clearance is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative physical therapy left shoulder Qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this request for left shoulder lysis of adhesions is not medically necessary or appropriate the post operative physical therapy left shoulder Qty: 12 is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vascutherm/Cold Therapy unit (days) Qty: 14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this request for left shoulder lysis of adhesions is not medically necessary or appropriate the Vascutherm/Cold therapy unit (days): 14 is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Shoulder Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this request for left shoulder lysis of adhesions is not medically necessary or appropriate the requested treatment: sling is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Colace 250mg twice a day Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this request for left shoulder lysis of adhesions is not medically necessary or appropriate the requested treatment: post operative colace 250mg twice a day QTY:30 is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Percocet 10/325mg 1-2 every 4-6 hours as needed Qty: 60: 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 Since this request for left shoulder lysis of adhesions is not medically necessary or appropriate the requested treatment: post operative Post Operative Percocet 10/325mg 1-2 every 4-6 hours as needed QTY:60 is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Oxycontin 10mg twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this request for left shoulder lysis of adhesions is not medically necessary or appropriate the requested treatment: post operative Post Operative Oxycontin 10 mg twice a day is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.