

Case Number:	CM15-0114048		
Date Assigned:	06/22/2015	Date of Injury:	04/18/2013
Decision Date:	07/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: California, Indiana, Oregon
 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 61 year old male who sustained a work related injury April 18, 2013. While digging a hole for three hours, he used a pry bar on the ground and felt a sudden snapping sensation to the left shoulder, followed by an immediate onset of pain and weakness. According to the primary treating physician's progress report, dated May 15, 2015, the injured worker presented with complaints of right knee pain, rated 4-5/10 associated with swelling, popping, grinding, and giving way (once every two weeks) with weight bearing intolerance. On May 2, 2015, he reports it gave way and he fell striking his posterior left flank region on the coffee table, resulting in a superficial scrape wound. He has attended 5 out of 8 physical therapy sessions to the left shoulder and finds a little bit of improvement of the pain, which is short term. He continues with his home exercise program including a shoulder pulley device, ice application, and uses a right knee support. He ambulates with a limp, favoring the right lower extremity. Examination of the left shoulder revealed tenderness to palpation over the subacromial region over the anterior capsule, supraspinatus tendon, acromioclavicular joint, and trapezius muscles, with hypertonicity and trigger points. Subacromial crepitus is present. Diagnoses are documented as left shoulder periscapular strain, impingement, bursitis and tendinitis, tear of the labrum, mild supraspinatus and infraspinatus tendinosis, mild to moderate acromioclavicular degenerative joint disease, per MRI, dated July 22, 2013; s/p right knee contusion, patellofemoral arthralgia with a tear medial meniscus, effusion and osteochondral defect; left sacroiliac joint sprain; lumbar sprain/strain and bilateral hip strain; left knee strain. Treatment plan included a request for authorization for left shoulder arthroscopic surgery, Norco, and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 81.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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

Motrin 800 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 81.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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

Left shoulder arthroscopic surgery involving superior labral tear debridement vs repair, possible subacromial decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the physical therapy has been ongoing from 4/3/15-5/16/15. Since this does not constitute 3 months of conservative management the request is not medically necessary.