

Case Number:	CM15-0116961		
Date Assigned:	06/30/2015	Date of Injury:	11/30/2011
Decision Date:	09/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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 46 year old male who sustained an industrial injury on 11/30/2011 resulting in injury to the neck, back, shoulders, knees, psychiatric, internal and sleep. Treatment provided to date has included: cervical decompression and fusion surgery (2011); physical therapy; shock wave therapy; injections; medications; and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine (2011) showing mild to moderate multilevel disc bulging with uncovertebral osteophytes and mild to moderate narrowing of the spinal canal and neural foraminal; and MRI of the right shoulder (2014) showing mild tendinitis versus a partial thickness tear of the distal fibers of the supraspinatus, and moderate arthrosis of the acromioclavicular joint. Other noted dates of injury documented in the medical record include: 2010 resulting in left knee ACL reconstruction and medial and lateral menisectomies. There were no noted comorbidities. On 05/21/2015, physician progress report noted complaints of severe neck pain with difficulty repetitive flexion and extension of the cervical spine. The injured worker's pain was not rated with a pain severity score, but was reported to be severe. Additional complaints included bilateral shoulder pain, and low back pain. The injured worker reports difficulty lifting, pulling pushing, working overhead, and difficulty walking. The physical exam revealed tenderness to palpation over the cervical spine, paracervical muscles, tenderness to palpation over the suprascapular region, decreased range of motion (ROM) in the cervical spine, mild antalgic gait, tenderness to palpation over the paravertebral muscles in the lumbar spine, decreased ROM in the lumbar spine, and tenderness to palpation over the right shoulder with positive Neer's and thumbs down test. The provider noted diagnoses of status post bilateral ACL reconstruction of the left knee with subsequent arthroscopic surgery and

debridement, cervical strain/sprain, status post cervical fusion, right shoulder impingement syndrome, thoracic/lumbar strain/sprain, lumbar discogenic changes, and right epicondylitis. Plan of care includes arthroscopic examination of the right shoulder with possible rotator cuff repair, Norco 5/325mg #60, Motrin 600mg #60, and associated surgical services that include medical clearance with an internal medicine specialist, right shoulder sling, cold therapy unit (10 day rental), post-operative physical therapy for the right shoulder, assistant surgeon and urine drug test. The injured worker's work status remained temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic examination, right shoulder, with possible cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the imaging does not demonstrate full thickness rotator cuff tear. The request is not medically necessary.

Associated surgical service: Medical clearance with an internal medicine specialist: 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.

Associated surgical service: Sling for right shoulder: 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.

Associated surgical service: CTU x 10 day rental: 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.

Post-op physical therapy, right shoulder: 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.

Associated surgical service: 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.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence

to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 5/21/15. Therefore the request is not medically necessary.

Motrin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Motrin is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Motrin is not warranted, as there is no demonstration of functional improvement from the exam note from 5/21/15. Therefore the request is not medically necessary.

Associated surgical service: Urine drug test: 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.