

Case Number:	CM15-0124760		
Date Assigned:	07/15/2015	Date of Injury:	11/19/2010
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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 an industrial injury on November 19, 2010. He reported bilateral shoulder and right hip pain. The injured worker was diagnosed as having right shoulder impingement, right shoulder tendinitis, right shoulder rotator cuff tear, left shoulder impingement, left shoulder tendinitis and left shoulder rotator cuff tear. Treatment to date has included diagnostic studies, radiographic imaging and surgical intervention of the right shoulder. Currently, the injured worker complains of bilateral shoulder pain and right hip pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 28, 2015, revealed continued pain in the bilateral shoulders and right hip. Magnetic resonance imaging (MRI) on May 18, 2015, of the left shoulder revealed tendinosis and high grade partial thickness bursal sided tearing of the anterior fibers of the distal supraspinatus tendon, tendinosis and undersurface fraying of the distal infraspinatus tendon, tendinosis of the intracapsular portion of the proximal long head of the biceps tendon, superior labral tear extending into the anterior superior labrum, posterior inferior labral tear associated with a 0/4 centimeter paralabral cyst, undersurface remodeling of the distal acromion and severe degenerative changes at the acromioclavicular joint, increasing the risk for subacromial impingement. Magnetic resonance imaging of the right shoulder revealed Status post interval rotator cuff repair with a full thickness retear of the distal supraspinatus tendon, status post labral resection of the superior labrum, Inferior labral tear extending into the posterior, inferior labrum, status post acromioplasty and Mumford procedure and tendinosis and low grade partial thickness

tearing at the footplate insertion of the distal subscapularis tendon. He rated his bilateral shoulder pain at a 5-7 on a 1-10 scale with 10 being the worst. He reported he was in worse pain than the previous visit. The empty can test; impingement sign and Hawkin's sign were all noted as positive bilaterally. Slap testing had positives bilaterally. Right shoulder arthroscopic revision rotator cuff repair, subacromial decompression, Mumford procedure and removal of loose body with possible biceps tenodesis, glenohumeral joint debridement and synovectomy, Zofran 8mg, pre-operative surgical clearance, pre-operative labs, preoperative EKG, preoperative chest x-ray, Percocet 10/325mg #60, associate surgical services: shoulder sling purchase, physical therapy 12 total visits, cold therapy unit and cold therapy unit pads were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic revision rotator cuff repair, subacromial decompression, Mumford procedure and removal of loose body with possible biceps tenodesis, glenohumeral joint debridement and synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter (Online version), Surgery for rotator cuff repair.

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 there is no evidence on the MRI 5/18/15 of a full thickness tear to warrant reoperation. The request is not medically necessary.

Percocet 10/325mg #65: Upheld

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

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 5/28/15. Therefore the request is not medically necessary.

Zofran 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Online version), Zofran, Antiemetics (for opioid nausea).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore determination is not medically necessary.

Associated surgical services: Physical therapy 12 total visits: 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 Official Disability Guidelines (ODG) shoulder.

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

Preoperative Labs: CBC, CMP, PT/PTT, UA: 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 Official Disability Guidelines (ODG) shoulder.

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

Preoperative Chest x-ray: 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 Official Disability Guidelines (ODG) shoulder.

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

Preoperative EKG: 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 Official Disability Guidelines (ODG) shoulder.

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

Associated surgical services: Shoulder sling purchase: 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 Official Disability Guidelines (ODG) shoulder.

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

Associated surgical services: Cold therapy unit rental 21 days: 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 Official Disability Guidelines (ODG) shoulder.

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

Associated surgical services: Cold therapy unit pads purchase: 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 Official Disability Guidelines (ODG) shoulder.

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

Preoperative Surgical Clearance: 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 Official Disability Guidelines (ODG) shoulder.

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