

Case Number:	CM15-0046515		
Date Assigned:	03/18/2015	Date of Injury:	03/23/2010
Decision Date:	05/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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
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 male who reported an injury on 03/23/2010 due to an unspecified mechanism of injury. On 01/26/2015, he presented for a follow-up evaluation regarding his work related injury. He complained of continued increased right shoulder pain with limited motion and weakness with lifting, pushing, and pulling. He noted his pain to be moderate in severity rated at a 9/10 and associated with weakness, aching, and soreness. On examination, there was tenderness to palpation over the parascapular musculature, trapezius muscles, subacromial region, acromioclavicular joint, and supraspinatus tendon. Crepitus was present, impingement and cross arm tests were positive, and strength was a 4/5 in all planes. Range of motion was documented as flexion at 96 degrees, extension to 30 degrees, abduction to 90 degrees, adduction to 30 degrees, and internal rotation to 50 degrees with external rotation at 60 degrees. He was diagnosed with left shoulder status post surgery. The treatment plan was for right shoulder surgery and associated surgical services as well as Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: According to the California MTUS/ACOEM Guidelines, a surgical consultation may be indicated for those who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The documentation submitted for review shows that the injured worker is symptomatic regarding the right shoulder. However, there is a lack of documentation showing that he has tried and failed recommended conservative therapies such as physical therapy and injections to support the request for surgical intervention. Also, no imaging studies were provided for review to show that the injured worker has a lesion that has been shown to benefit from surgical repair. Without this information, the request cannot be supported by the evidence based guidelines. As such, the request is not medically necessary.

Post-op home care assistance (16 hours a day for 7 days a week x 1 week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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.

Followed by post op home care (8 hours a day 7 days a week x1 week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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.

Followed by post op home care (4 hours a day x 5 days x4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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 7.5/325mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation provided fails to show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support continuation. Without evidence of efficacy of the requested medication, the request would not be supported. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Follow up visit (weeks) QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

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.