

Case Number:	CM15-0061576		
Date Assigned:	04/08/2015	Date of Injury:	06/12/2014
Decision Date:	06/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/01/2015

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 37-year-old male injured worker suffered an industrial injury on 06/12/2014. The mechanism of injury was not provided. The diagnoses included left shoulder impingement and rotator cuff syndrome. The diagnostics included left shoulder x-ray and magnetic resonance imaging. The injured worker had been treated with physical therapy and joint injections. On 2/3/2015, the treating provider reported pain in the left shoulder and stiffness with left shoulder weakness and positive impingement signs. There were crepitation and tenderness. The treatment plan included Left Shoulder Possible Labral Repair, Possible Rotator Cuff Repair, Subacromial Decompression, Possible Distal Clavicle Excision, Debridement, Zofran, Keflex, Colace, and Naproxen. The injured worker underwent x-rays of the left shoulder on 11/10/2014, which revealed a mild degenerative change of the left shoulder and it was negative for an acute process. The injured worker received an injection of the shoulder, which eliminated the pain for approximately 1 week. The injured worker underwent 12 additional sessions of physical therapy. The documentation indicated the injured worker had a negative AC joint compression test, Speed's test, empty can test, and a positive Apley's scratch test as well as impingement test related to the shoulder. The injured worker had crepitation and tenderness with catching at the glenohumeral joint with labrum irritation with throwing motion. There was tenderness at the scapula edge posteriorly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Possible Labral Repair, Possible Rotator Cuff Repair, Subacromial Decompression, Possible Distal Clavicle Excision, and Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care. The specific duration of conservative care was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The MRI was not submitted for review. Given the above and the lack of documentation, the request for Left Shoulder Possible Labral Repair, Possible Rotator Cuff Repair, Subacromial Decompression, Possible Distal Clavicle Excision, and Debridement is not medically necessary.

Zofran 4mg, #10, 1 capsule every 4-6 hours as needed for nausea: 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.

Keflex 500mg, #12, one capsule four times a day: 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.

Colace 100mg #10, one capsule twice a day: 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.

Naproxen 500mg #60, one capsule twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective pain relief and objective improvement in function. Given the above and the lack of documentation, the request for Naproxen 500mg #60, one capsule twice a day is not medically necessary.