

Case Number:	CM15-0061673		
Date Assigned:	04/07/2015	Date of Injury:	06/12/2014
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 37 year old male, who sustained an industrial injury on June 12, 2014. The mechanism of injury is unknown. The injured worker was diagnosed as having sprained left shoulder, recurrent labral tear left shoulder and impingement left shoulder ac. Treatment to date has included physical therapy, injection and medication. On February 26, 2015, the injured worker complained of pain in the left shoulder joint, shoulder joint stiffness on the left, soft tissue pain in muscle tissue in the left shoulder and left shoulder weakness. The treatment plan included modified work duty, continued therapy and surgical follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg, #10: 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) Pain.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Zofran 4 mg #10 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured workers working diagnoses are left shoulder sprain; probable recurrent labral tear left shoulder; impingement left shoulder acromioclavicular. Objectively, there is no swelling, no deformity and no tenderness palpation over the shoulder. December 10, 2014 the injured worker had an MRI of the left shoulder that did not show a labral tear, impingement or rotator cuff tear. The treatment plan indicates modified duty. There is no clinical indication or clinical rationale for Zofran in the medical record. The surgery for the left shoulder was deemed not medically necessary. If the anticipated surgery for the left shoulder is not medically necessary, then Zofran 4 mg #10 is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Zofran 4 mg #10 is not medically necessary.