

Case Number:	CM15-0074382		
Date Assigned:	04/24/2015	Date of Injury:	07/28/2014
Decision Date:	06/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 7/28/2014. He reported many reaching and awkward movements with his right arm. The injured worker was diagnosed as having disorders of bursae and tendons in shoulder region, unspecified and right rotator cuff strain. Treatment to date has included diagnostics, physical therapy, and medications. He had a history of rotator cuff problems, noting surgery in 2006 and 2007. Magnetic resonance imaging of the right shoulder, dated 10/04/2014, was submitted. Currently, the injured worker complains of persistent right shoulder and low back pain. He was currently not working and was documented as exhausting conservative treatment. His current medication usage was not documented. The requested treatment included right shoulder operative arthroscopy with decompression, modified Mumford procedure, evaluation of labrum and biceps tendon and repair, pre-operative clearance, 21 day polar care rental, shoulder immobilizer, and medications (Amoxicillin, Zofran, and Topamax).

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin 875 mg #20 postoperatively: 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), Infectious Disease.

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

Decision rationale: Regarding the request for amoxicillin postoperatively, the documentation available for review suggests that the proposed surgery has not been authorized. As such, there is no clear indication for the current request at this time. In light of the above issues, the currently requested amoxicillin postoperatively is not medically necessary.

21 day rental of Polar Care unit for use following right shoulder surgery: 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), Shoulder Chapter, Cryotherapy Section.

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

Decision rationale: Regarding the request for Polar Care, the documentation available for review suggests that the proposed surgery has not been authorized. As such, there is no clear indication for the current request at this time. In light of the above issues, the currently requested Polar Care is not medically necessary.

Zofran 8 mg #20 postoperatively: 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 Chapter, Antiemetics.

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

Decision rationale: Regarding the request for Zofran postoperatively, the documentation available for review suggests that the proposed surgery has not been authorized. As such, there is no clear indication for the current request at this time. In light of the above issues, the currently requested Zofran postoperatively is not medically necessary.

Topamax 50 mg #120 postoperatively: Upheld

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

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

Decision rationale: Regarding the request for Topamax postoperatively, the documentation available for review suggests that the proposed surgery has not been authorized. As such, there is no clear indication for the current request at this time. In light of the above issues, the currently requested Topamax postoperatively is not medically necessary.