

Case Number:	CM16-0246487		
Date Assigned:	12/29/2016	Date of Injury:	10/21/2016
Decision Date:	01/31/2017	UR Denial Date:	11/21/2016
Priority:	Standard	Application Received:	12/23/2016

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: Colorado, Texas, Arizona

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:

This case involves a now 42-year-old male with a history of an occupational claim from 10/21/2016. The mechanism of injury is detailed as a physical altercation. The current diagnosis is documented as dislocation, shoulder. Treatment to date includes physical therapy, and medications. On 01/05/2017, it is noted the patient has had multiple events of apprehension and has not seemed to improve with physical therapy. The patient continues to have clicking, popping, and instability of his left shoulder despite physical therapy. Physical exam of the left shoulder revealed a decreased range of motion secondary to apprehension actively. Passively, 110 degrees of forward flexion. Abduction and external rotation caused a significant amount of apprehension. The patient had a positive load and shift examination anteriorly. The patient had increased subluxation with posterior/anterior force and external rotation of the shoulder. At neutral position, the patient did externally rotate about 45 degrees. The patient had a painful arc of motion throughout his left upper extremity. A Request for Authorization dated 11/10/2016 was provided. The original utilization review dated 11/21/2016 denied the request for shoulder surgery due to there is no evidence of recurrent instability, and the patient does not have any other dislocation event other than the initial event. There is no clear documentation of a trial of conservative care given the date of injury and date of request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with Bankart repair, possible biceps tenodesis: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for shoulder dislocation & Surgery for biceps tenodesis.

Decision rationale: The ACOEM Guidelines recommend surgery for patients who have red flag conditions, activity limitation, failure to increase range of motion and strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The Official Disability Guidelines more specifically address surgery for biceps tenodesis, stating, surgery is recommended as an option for type II or type IV SLAP lesions in patients over 40 years of age after failed conservative treatment to include NSAIDs, injection, and physical therapy. Surgery for shoulder dislocation is recommended when there is documentation of positive apprehension findings, and history of multiple dislocations that inhibit activities of daily living. Based on the clinical notes submitted for review, the patient has failed conservative treatment options to include physical therapy, rest, and NSAIDs. The patient continued to be apprehensive, and due to his occupation, and need to use his left upper extremity for physical apprehension, the patient would benefit from the procedure. Given the patient's occupation, persistent apprehension with corresponding imaging, and exam findings, the requested surgery is supported. The need for tenodesis is variable based on the intra-operative findings. Given the above, the request for Left shoulder arthroscopy with Bankart repair, possible biceps tenodesis is medically necessary.

Associated surgical service: Physical therapy, times 12: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The CA MTUS Post-surgical Treatment Guidelines recommend up to 24 sessions of physical therapy for Bankart surgery. The concurrent request for surgery is supported. The request for initial 12 sessions is within the recommended guidelines. Therefore, the request for Associated surgical service: Physical therapy, times 12 is medically necessary.

Associated surgical service: Cold therapy for one week: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy.

Decision rationale: The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend as an option after surgery, but not for nonsurgical treatment. The concurrent requested surgery is supported. The request for one week rental is within the guidelines. Therefore, the request for Associated surgical service: Cold therapy for one week is medically necessary.

Associated surgical service: Slingshot sling: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state, a postop sling is generally recommended for 2-4 weeks after any shoulder surgery. The concurrent request for shoulder surgery is supported. Therefore, the request for Associated surgical service: Slingshot sling is medically necessary.

Post-op Percocet 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, and Opioid Treatment 2016, Section(s): 1.4 Opioids for Acute Pain: Opioids for Post-operative Pain, 3.2 Opioids for Chronic Pain and Chronic Opioid Treatment: Consideration of Alternative Treatments for Chronic Pain and Chronic Opioid Treatment, 3.3.1.2 Opioids for Chronic Pain and Chronic Opioid Treatment: Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment: Screening for Alcohol Misuse/Abuse, 3.3.6 Opioids for Chronic Pain and Chronic Opioid Treatment: Use of Urine Drug Testing (UDT), 3.3.8 Opioids for Chronic Pain and Chronic Opioid Treatment: Opioid Titration and Dosing Threshold. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 1.4 Opioids for Acute Pain: Opioids for Post-operative Pain.

Decision rationale: The CA MTUS Opioid Treatment Guidelines recommend Opioid use for a limited duration for post-operative pain management in addition to other treatments, especially

during the immediate post-operative period, and for moderate to extensive surgical procedures. Based on the clinical notes provided, the concurrent request for shoulder surgery is supported. However, there is no indication treatment with other non-opioid medications fail to provide relief or are contraindicated. Additionally, the CURES database was not checked, and the results documented. Moreover, the request failed to provide quantity. Given the above, the request for Post-op Percocet 5/325mg is not medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this patient. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the patient is advised to speak with their treating physician. The treating physician and the patient are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this patient.

Post-op Zofran: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS 2016 Chronic Pain Guidelines state, Zofran is FDA-approved for postoperative use. The concurrent requested shoulder surgery is supported. While the request for Zofran is reasonable, the request failed to provide quantity. Therefore, medical necessity cannot be established at this time. Given the above, the request for Post-op Zofran is not medically necessary.