

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old patient that reported a work related injury on 05/04/2011 sustained after digging with a shovel and felt pain in the right shoulder. The patient has a history of osteoarthritis of the right knee. The patient had surgery on 08/28/2011 for arthroscopy of the right shoulder with extensive glenohumeral joint debridement; arthroscopic subacromial bursectomy; arthroscopic subacromial decompression; arthroscopic anterior labrum repair; and insertion of a pain catheter device. The patient was seen on 01/02/2013 for orthopedic consultation for continued right shoulder pain. The patient presented on 03/11/2013 for follow-up visit of right shoulder pain and increased right knee stiffness along with pain and instability to the right knee. The patient has undergone chiropractic therapy with improvement in symptoms for treatment to the knee and also cortisone injections for the knee pain. The patient was seen again on 05/13/2013 for right shoulder and right knee pain. Diagnoses were rotator cuff disorders, not elsewhere classified (right); internal derangement of knee, not otherwise specified (right).

IMR DECISION(S) AND RATIONALE(S)

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

1. Ortho surgeon referral for right knee arthroscopy is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 13, pages 343-345, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS/ACOEM Medical Guidelines recommend referral for surgical consultation of the knee when there is activity limitation of the knee for more than 1 month or failure of exercise programs to increase range of motion and strength of the musculature around the knee. It is recommend that referral for early repair of ligament or meniscus tear is still a matter for study due to many patients having satisfactory results with physical rehabilitation to avoid surgical risk. The patient is noted to have a past medical history prior to the date of injury of osteoarthritis to the right knee. The documentation submitted provided that the patient was first seen for right knee pain in 03/2013. The patient is noted to have been treated previously with physical therapy and chiropractic therapy with improvement as well as a cortisone injection. The documentation did not support the patient was experiencing activity limitation of the knee with failure of exercise programs to meet guideline criteria for the requested referral. As such, the request for ortho surgeon referral for right knee arthroscopy is non-certified.

2. Ortho surgeon for right shoulder arthroscopy is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, pg. 211 which is part of the MTUS and ODG Guidelines, Surgery-Diagnostic arthroscopy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, pages 209-210, which is part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS/ACOEM Medical Guidelines recommend surgical consideration depending on the working or imaging/confirmed diagnosis of the presenting shoulder complaint. Referral for surgical consultation is indicated for patients who have possible red flag conditions such as acute rotator cuff tear in younger worker or glenohumeral joint dislocation; activity limitation more than 4 months; plus existence of a surgical lesion; failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of surgical lesion; or clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The MRI on 05/19/2012 showed supraspinatus tendonitis; anterior labrum not visible, suggesting detachment with recommended MR arthrogram (shoulder) needed for evaluation of possible Bankart lesion; Hill-Sachs deformity; acromioclavicular arthropathy; subarachnoid/subdeltoid bursitis. The patient was also noted to have undergone an Agreed Medical Examination in Orthopaedics on 1/02/2013 which indicated the patient's condition was stable and not likely to significantly improve with surgical intervention. The patient's range of motion on 05/13/2013 shows movement restricted with flexion 140 degrees due to pain, abduction 110 degrees due to pain; however, the patient reported better range of motion due to physical therapy. Given there is a lack of documented failure to increase range of motion after exercise programs, the requested ortho surgeon for shoulder arthroscopy does not meet guideline criteria. As such, the request for ortho surgeon for right shoulder arthroscopy is non-certified.

3. Ketoprofen cream is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Topical Analgesics, pages 111-112, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Medical Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. California MTUS Medical Guidelines also note the requested topical Ketoprofen cream is not FDA approved due to its extremely high incidence of photo contact dermatitis. As such, the request for ketoprofen cream is non-certified.

4. Norco is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Long-term users of Opioids, page 88, 78, which is part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS Medical Guidelines recommend reassessment for long-term use of opiates which include the change in the patient's diagnosis, if other medications are being used for pain management, other treatments attempted since the use of the opiate, documentation the patient's pain and functional improvement compared to baseline, and the patient's pain should be assessed at each visit with functioning measured at 6 month intervals, need for psychological consultation, and documentation of any adverse effects, along with screening for abuse/addiction. California MTUS Medical Guidelines note there should be ongoing review and documentation of the 4A's to include analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The clinical information submitted for review failed to document adequate pain control, functional improvement, adverse side effects or addressing any aberrant drug taking behaviors to meet guideline criteria for continuation of the requested medication. As such, the request for Norco is non-certified.

5. Retrospective Flurbiprofen cream, DOS: 7/29/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111-112, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The medication Flurbiprofen is a nonsteroidal anti-inflammatory drug. California MTUS Medical Guidelines note indications for topical NSAIDs include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is only recommended for short term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation submitted did not indicate the area of the body the requested Flurbiprofen was recommended for and did not indicate the length of time the patient has utilized the medication for. As such, the request for Flurbiprofen cream, DOS: 07/29/2013 is non-certified.

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