

Case Number:	CM13-0005950		
Date Assigned:	08/23/2013	Date of Injury:	07/31/2011
Decision Date:	01/02/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/01/2013

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 Physical Medicine and Rehabilitation 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.

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 underlying date of injury in this case is 07/31/2011. The primary treating diagnosis is a shoulder contusion. Treating medical records include the diagnosis of a right shoulder contusion with residual impingement syndrome, a full-thickness supraspinatus tear, and a glenoid labrum lesion. The patient is a 54-year-old woman who was initially injured via a slip and fall. The patient has subsequently developed pain in the right shoulder, as well as bilateral wrists and hands, the low back, the right knee, and the right ankle. Initial physician review noted that it was not possible to discern the body part for which chiropractic/physiotherapy had been requested. Therefore, this request is non-certified. The initial physician reviewer also noted that the clinical records did not support risk factors or induction requiring gastrointestinal prophylaxis. Therefore, the reviewer recommended non-certification of omeprazole. The primary physician evaluation on 06/26/2013 noted that the patient complained of intermittent moderate right shoulder pain which is worse with overhead activities or strenuous activities. That physician report states 6 different diagnoses, including right shoulder rotator cuff tendonitis with bursitis, bilateral wrist sprains, bilateral wrist contusions, thoracic and lumbar sprains, right knee sprain, and right ankle/foot sprain. Treating physician stated a request for authorization for the patient to have a course of chiropractic/physiotherapy twice a week for 4 weeks; the specific body part to be treated was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

The chiropractic/physiotherapy 2 times a week for 4 weeks for a total quantity of 8.0:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on Manual Therapy and Manipulation states that this treatment is "recommended for chronic pain caused by musculoskeletal conditions." Specific indications were listed based on body part. The medical records at this time did not clarify the specific body part for which this treatment has been requested, although there are more than 6 different body parts for which the patient has been provided diagnoses. At this time, the medical records do not contain sufficient information to support indication for the requested chiropractic/physiotherapy. The request for the chiropractic/physiotherapy 2 times a week for 4 weeks for a total quantity of 8.0 is not medically necessary and appropriate is not medically necessary.

The use of Omeprazole 20 mg for a quantity of 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: Chronic Pain Medical Treatment Guidelines section on Anti-inflammatory Medications and Gastrointestinal Symptoms, page 68, states the clinician should "determine if the patient is at risk for gastrointestinal events, at age greater than 65 years, history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or high-dose/multiple anti-inflammatory medications." The medical records did not clearly indicate any of these risk factors. The rationale for gastrointestinal prophylaxis is not apparent at this time. The request for the use of Omeprazole 20 mg for a quantity of 60 is not medically necessary and appropriate is not medically necessary.