MAXIMUS Federal Services

Case Number:	CM13-0010194		
Date Assigned:	12/04/2013	Date of Injury:	09/01/2009
Decision Date:	01/17/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/16/2013

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 has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male who reported a work-related injury on 09/01/2009 through 12/16/2009 as result of cumulative trauma to the bilateral upper extremities, low back, and right lower extremity. The clinical notes evidence the patient underwent a left shoulder arthroscopy with rotator cuff repair as of 07/31/2013. The patient was approved for 24 postoperative physical therapy sessions. The clinical note dated 10/22/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient was seen postoperatively. The provider documents since the patient's previous visit in clinic on 09/24/2013, the patient attended 13 postoperative physical therapy sessions out of 24. The provider documented the patient still complains of severe pain without any improvement with the therapies. The patient also admits to left-sided neck pain with occasional numbness and tingling down the left upper extremity into the forearms, wrist, and hands. Physical exam of the patient's left shoulder revealed tenderness to palpation over the open incision site, as well as the left upper trapezius, subacromial space, and the lateral deltoid. Weakness was noted at the internal and external rotators of the rotator cuff. Range of motion passively at forward flexion of 95; abduction at 75 degrees. The provider documented the patient was to continue postoperative physical therapy sessions, home exercise, and pain medication as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: The current request is not supported. The clinical notes failed to evidence the patient presented with any complaints of gastrointestinal upset to chronic use of Prilosec 20 mg. The California MTUS indicates proton pump inhibitors are utilized for patients at risk of gastrointestinal events. Therefore, given the lack of documentation evidencing the patient's subjective complaints of such, the request for Prilosec 20 mg #60 is not medically necessary or appropriate.

Vicoprofen 7.5/200mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Section Page(s): 78.

Decision rationale: The current request is not supported. The clinical notes evidence the patient has utilized the Vicoprofen 7.5/200 mg chronic in nature. The California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given the lack of the provider's documentation of the patient's reports of efficacy with this intervention for the patient's pain complaints, the request for Vicoprofen 7.5/200 mg #90 is not medically necessary or appropriate

Eight (8) physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support continued physical therapy interventions for this patient. The provider documents the patient was approved for 24 sessions of physical therapy without significant objective functional efficacy noted with the initial 13 sessions of physical therapy. The clinical notes failed to evidence significant quantifiable positive response to the patient's

physical therapy interventions. In addition, the most recent clinical note is dated from 10/2013 with it unclear of how many sessions of physical therapy postoperatively the patient has utilized. The provider documented the patient had recently completed 13 of 24 approved sessions of physical therapy. It is unclear if this is in total or postoperatively. Given that California MTUS, Postsurgical Treatment Guidelines indicate 24 visits over 14 weeks is supported postoperatively for this injury and as it is unclear how many sessions of physical therapy postoperatively the patient has attended, the request for 8 physical therapy visits is not medically necessary or appropriate.