

Case Number:	CM13-0018121		
Date Assigned:	10/11/2013	Date of Injury:	03/09/2009
Decision Date:	01/06/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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 & 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:

In this case the date of injury is 3/9/2009. This patient is a 48-year-old man who is status post a shoulder labrum debridement with biceps tenodesis on 3/4/2013. As of 7/15/2013, the patient completed 25 postoperative physical therapy visits. As of 15 of those visits, the patient had achieved 140 degrees of flexion or abduction, as well as internal rotation to the gluteals. The patient's treating physician prescribed ibuprofen and 12 additional physical therapy visits. Recent progress notes indicate that the patient subsequently lost some range of motion. An initial physician reviewer noted the patients progress and subsequent loss of progress, but noted that the patient had exceeded the number of treatments and not improved in function, and therefore additional treatment was not indicated. This reviewer also noted that the guidelines indicated that dosages of ibuprofen above 400 mg had not provided greater relief of pain, and therefore the reviewer notes that the prescription of 800 mg four times a day is not supported. &

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100 x 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Antiinflammatory Medications Page(s): 22..

Decision rationale: The MTUS Chronic Pain Guidelines indicate that anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume. This guideline does not give restrictive maximum guidelines for a dosage, but rather notes that it is generally recommended that the lowest effective dose be used for all nonsteroidal anti-inflammatory drugs (NSAIDs) for the shortest duration of time consistent with the individual patient treatment goals. The guidelines clearly support an indication for antiinflammatory treatment in this case. This patient has a classic musculoskeletal condition for which NSAID treatment is clearly indicated and the patient would be at risk of loss of range of motion without such a treatment. The request for Ibuprofen 800mg #100 with 2 refills is medically necessary and appropriate.

Physical therapy #12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Physical Medicine Page(s): 98..

Decision rationale: The MTUS Chronic Pain Guidelines state that physical therapy is, "allow for fading of treatment frequency plus active self-directed home physical medicine....Active therapy requires an internal effort by the individual to complete a specific exercise or task." A prior physician reviewer recommended noncertification because the patient had exceeded the number of treatments and because the patient regressed in therapy. The treatment guidelines are not intended to be rigid in terms of a given guidelines. In a case such as this where the patient made substantial progress and then regressed, the guidelines would specifically support additional physical therapy with a particular goal of addressing why the patient regressed and then revising a home exercise program to prevent such regression in the future. The request for 12 sessions of physical therapy is medically necessary and appropriate.