

Case Number:	CM13-0021070		
Date Assigned:	10/11/2013	Date of Injury:	01/22/2010
Decision Date:	01/09/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic 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. 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:

73 year old male status post industrial injury 1/22/10. Examination note from 7/22/13 demonstrates painful right shoulder. Positive impingement signs. 4/5 strength shoulder abductors, flexors and wrist extensors. Range of motion with flexion of 140 degrees, extension of 40 degrees, abduction of 140 degrees, adduction of 40 and internal rotation 40. External rotation of 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder examination under anesthesia (EUA) and manipulation under anesthesia (MUA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, regarding manipulation under anesthesia..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, regarding manipulation under anesthesia..

Decision rationale: Based upon the records reviewed there is lack of medical necessity for MUA as the patient has not participated in 3-6 months of conservative therapy and significant loss of abduction less than 90 degrees. Therefore the determination is non-certification.

Motrin 800mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: With regards to the use of NSAIDS such as Motrin the request for 800 mg #90 is medically necessary. It is recommended in the ACOEM Guidelines pg 204 Table 9-3. Therefore the request is certified for Motrin.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence to warrant Tramadol and therefore it is noncertified.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec.

Decision rationale: In this case there is lack of medical necessity in the records of the patient having risk factors for gastrointestinal events to warrant Omeprazole. Therefore the determination is for non-certification

Post-operative physical therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS regarding postoperative physical therapy, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Adhesive capsulitis: Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months." The California MTUS also recommends an initial trial of half the maximum recommendation, stating, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. "course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(Initial 1) of this section." As the request is for 12 visits of postoperative physical therapy, this would be an appropriate request however the requested surgical procedure is not medically necessary and non-certified. Therefore the postoperative 12 visits of physical therapy is not medically necessary and non-certified.