MAXIMUS Federal Services

Case Number:	CM13-0028218		
Date Assigned:	11/22/2013	Date of Injury:	09/11/2012
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice and is licensed to practice in 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 61-year-old female who reported an injury on 09/14/2012. The mechanism of injury was not submitted. The patient was diagnosed with: left shoulder completed rotator cuff tear with retraction 4 cm and post-traumatic arthrosis of the acromioclavicular joint - severe; left elbow sprain/strain; left wrist carpal tunnel syndrome plus sprain/strain; cervical sprain/strain; thoracic sprain/strain; lumbar sprain/strain with degenerative disc disease and degenerative joint disease at L5-S1; anxiety; insomnia; and adhesive capsulitis of the left shoulder. The clinical documentation dated 03/22/2013 indicates the patient underwent a left shoulder open rotator cuff repair, open repair of the deltoid muscle tear, arthroscopic subacromial decompression with lysis of adhesions, partial distal claviculectomy, placement of a pain pump, diagnostic arthroscopy of the left shoulder, plastic surgery closure of a 10 cm incision, and application of an S.C.O.I. abduction brace at 90 degrees - customized. The orthopedic re-evaluation dated 12/04/2013 indicates the patient continues to complain of left shoulder pain at 6/10, and she was improving in her range of motion. The patient also reported some residual pain of her left elbow at 2/10 which was tighter in extension than anything else. The patient complained of cervical spine pain at 5/10, mid back pain at 5/10, low back pain at 5/10, and left wrist pain at 5/10. The patient's left hand had nodules in the palm which were getting bigger. The patient is taking Tramadol 150mg extended release occasionally, Prilosec 20mg daily, and Cymbalta 20mg at bedtime. The physical examination of the shoulder revealed mild decreased range of motion, decreased hand grip, and a positive sitting straight leg raise and lying straight leg raise. Diagnostic studies of the lumbar spine of the patient showed disc herniations of 4 mm at L5 and S1 and 3 mm at L4 and L5. There was also a nerve root impingement bilaterally and there is al

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Proton Pump Inhibitors (PPIs), and on the Mosby's Drug Consult, Indications for Omeprazole/Prilosec.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 88.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain to her left shoulder, cervical spine pain, mid back pain, and low back pain at 5/10. California MTUS recommends proton pump inhibitors for patients at immediate risk for gastrointestinal events and no cardiovascular disease. The clinical documentation submitted for review does not indicate the patient is having any gastrointestinal issues. Given the lack of documentation to support the guideline criteria, the request is non-certified

Physical Therapy, 12 sessions (2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The clinical documentation submitted for review does not meet guideline criteria. The patient has completed 45 sessions of physical therapy but continues to complain of pain to the neck, to the cervical spine, to the lumbar spine, and the left wrist. Guidelines recommend that, in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. Additionally, California MTUS recommends postsurgical physical therapy for rotator cuff at 24 visits over 14 weeks. No objective clinical documentation was submitted for review that indicates continued functional deficits for the patient. Given the lack of documentation that supports guideline criteria, the request is non-certified.