

Case Number:	CM13-0033230		
Date Assigned:	12/06/2013	Date of Injury:	07/24/2012
Decision Date:	08/01/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 43-year-old male who was reportedly injured on July 24, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of low back pain radiating to the right leg, left shoulder pain, and right knee pain. Current medication included Norco, which was stated to decrease the injured employee's pain level. The physical examination demonstrated decreased lumbar spine range of motion and tenderness over the lumbar paraspinal muscles. There was decreased sensation in the L4, L5 and S1 nerve distributions of the right lower extremity. Examination of the left shoulder noted decreased range of motion and muscle strength of 4/5. There was tenderness at the acromioclavicular joint. Examination of the right knee noted range of motion from 0 to 140 and medial joint line tenderness. There was a palpable 3 cm mass over the medial aspect of the knee. A magnetic resonance image of the right knee was recommended. Previous treatment included 36 visits of physical therapy for the left shoulder. A request had been made for left shoulder arthroscopy for a superior labrum anterior to posterior repair, postoperative physical therapy, physical therapy for the lumbar spine, a cold therapy unit, sling, the use of a transcutaneous electrical nerve stimulation unit, Ultram, Lodine and Prilosec, and was not certified in the pre-authorization process on October 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times (12) for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: The most recent progress note dated May 1, 2014, did not indicate what broad treatment has been rendered for the lumbar spine. Over the past two years, it is very likely that the injured employee has previously participated in physical therapy for the lumbar spine. Without documentation of prior treatment rendered, this request for physical therapy is not medically necessary.

Cold Therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (Acute & Chronic) (updated 04/25/14) - Continuous Flow Cryotherapy.

Decision rationale: Continuous flow cryotherapy is beneficial in the postoperative setting to reduce pain, inflammation, and medication usage. It is not clear from this request how long the time period of this request was for or if it was indicated for postoperative use of the left shoulder or not. Without additional information, this request for a cold therapy unit is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) for 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 114-115.

Decision rationale: As with the request for a cold therapy unit, this request for the use of a transcutaneous electrical nerve stimulation (TENS) unit was not specified for what body part or for what time period. Furthermore, there was no mention of a previous one month home-based trial. Without further information, this request for a TENS unit is not medically necessary.

Lodine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: Lodine is an anti-inflammatory medication indicated for mild to moderate pain; however, long-term usage may not be warranted. There was no mention in the attached medical record of the efficacy of Lodine or any other prescribed medications. Without further information, this request for Lodine is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Prilosec is a proton pump inhibitor useful for treatment of gastroesophageal issues and is considered a gastric protectant for individuals utilizing nonsteroidal inflammatory medications. However, there was no documentation presented that the injured employee has no gastrointestinal issues secondary to taking nonsteroidal anti-inflammatory drugs. Therefore, this request for Prilosec is not medically necessary.