MAXIMUS Federal Services

Case Number:	CM13-0041112		
Date Assigned:	12/20/2013	Date of Injury:	02/16/2011
Decision Date:	04/22/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year old male with a work injury dated 2/16/11.He injured his right shoulder, left elbow, left knee and bilateral wrists and hands. Per documentation a 7/6/12 supplementation report a right shoulder MRI dated December 10, 2012, indicates at least a partial tear of the supraspinatus tendon without any significant retraction. Per documentation a 7/6/12 supplementation revealed that the patient is status post R shoulder arthroscopy on 03/10/11. He was diagnosed also with left elbow lateral epicondylitis, dynamic cubital tunnel syndrome, bilateral forearm and wrist tendinitis with Left palmar fasciitis and dynamic carpal tunnel syndrome. L shoulder periscapular strain and impingement. L knee patellofemoral arthralgia, myxoid degeneration, medial meniscus, early chondromalacia patellae. There is a request for the Physical Therapy (2) x per week for (3); Omeprazole Cap 20 mg x 30 and Lorazepam Tab 2mg x 30 A qualified medical re-evaluation on 7/10/13 revealed on physical exam that the symptoms relevant to his right shoulder are such that the range of motion is improved, but he still has ongoing pain, and he is considering having surgery .His left elbow is improved somewhat and he felt that the "extracorporeal" shock wave therapy was helpful. Conservative therapy was recommended for this .His symptoms of bilateral carpal tunnel syndrome are only mild, and I conservative treatment was recommended for this. In regards to his left knee that patient states only that there were no tears and the QME evaluator recommended conservative treatment. Physical exam revealed full range of motion of his shoulder with abduction and forward flexion from 0 to 180 degrees - but with painful abduction and forward flexion past 90 degrees. Internal and external rotation are from 0 to 90 degrees - but again associated with pain over the distal clavicle and through the area of the deltoid. Extension is from 0 to 50 degrees. Although the patient has full range of motion of the right shoulder - it is painful suggesting an impingement

syndrome and/or rotator cuff pathology. He has a well-healed incision over the superior aspect of the right shoulder consistent with his prior surgery. Both elbows fully flex from 0 to 160 degrees with supination and pronation from 0 to 90 degrees. Both wrists dorsiflex from 0 to 60 degrees, and volar flex from 0 to 65 degrees. The patient has grip strength of 90 pounds of the right upper extremity, and 70 pounds relevant to the left upper extremity. He is currently not working. The patient currently takes omeprazole, Trepidone, Aciphex, Tramadol, and a stool softener. Occasionally, he will take Adderall for attention deficit disorder. There is a 9/27/13 primary treating physician progress report which indicates the patient still has pain and weakness with lifting, pushing and pulling. The patient wishes to pursue shoulder surgery. On physical exam he has left elbow pain, positive Cozens sign, crepitus at the right shoulder with decreased range of motion and 4/5 weakness in flexion and (illegible.) There is tenderness to palpation around both shoulders right worse than left and also right worse than left. There is a treatment plan which includes PT to the right shoulder 2 times per week x 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2) TIMES A WEEK FOR (3) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Offical Disability Guidelines Shoulder Physical therapy, and Carpal Tunnel Syndrome Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Physical Therapy (2) x per week for (3) weeks is not medically necessary per the MTUS guidelines. Per documentation from a July 2013 qualified medical exam patient has ongoing pain but overall his range of motion is improved. Patient has had arthroscopic shoulder surgery in March of 2011. It is unclear of how much therapy patient has had in the past and his objective functional improvements from therapy. He should be well versed in a home exercise program. The request for PT 2 times per week for 3 weeks is not medically necessary.

LORAZEPAM TAB 2MG X 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment

Decision rationale: Lorazepam Tab 2mg x 30 is not medically necessary per the MTUS and ODG guidelines. The MTUS states that benzodiazepines are not recommended. The guidelines state that long term efficacy is unproven and there is a risk of dependence. Most guidelines limit

use up to 4 weeks. Patient has been prescribed Lorazepam since at least November 2012 which far exceeds guidelines recommendations. He continues to have insomnia. There is a document with a date 8/23/13 stating that the Lorazepam prescription for the patient is to be taken as needed for sleep. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is documentation that patient had a sleep study which found mild obstructive sleep apnea with moderate exacerbation in REM sleep, moderate oxygen desaturation, and severe sleep onset and maintenance insomnia. There is a recommendation for a CPAP. The request for Lorazepam Tab 2mg x 30 is not medically necessary,

OMEPRAZOLE CAP 20MG X 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Omeprazole Cap 20 mg x 30 is not medically necessary per MTUS guidelines. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders.