

Case Number:	CM13-0044329		
Date Assigned:	12/27/2013	Date of Injury:	09/14/2012
Decision Date:	04/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine, Pulmonary Diseases 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 patient is a 61-year-old female who reported injury on 09/14/2012. The mechanism of injury was a collapse and fall on the floor injuring the patient's left shoulder and arm. The patient was noted to undergo and open rotator cuff repair, repair of a deltoid muscle tear, subacromial decompression with lysis of adhesions and a claviclectomy on 03/22/2013. The documentation of 08/28/2013 revealed the patient was slowly improving with physical therapy. Patient was taking Prilosec and hydrocodone. It was noted the hydrocodone upset the patient's stomach and made the patient dizzy. The patient was switched to Tramadol. The patient continued with pain in the shoulder, left elbow and left wrist. The patient additionally had pain in the neck. The patient's diagnoses included left shoulder complete 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, thoracic lumbar and cervical sprain/strain, anxiety, insomnia and adhesive capsulitis of the left shoulder. The request was made for Tramadol, Prilosec, and 12 sessions of physical therapy for the left shoulder, elbow, wrist and neck and per the submitted request an EMG/NCV of the bilateral lower extremities and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TRAMADOL ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had been taking opiates since 04/2013. There was a lack of documentation of the above recommendations. Given the above, the request for 30 Tramadol ER 150 mg is not medically necessary.

90 PRILOSEC 20MG: 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 Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review indicated the patient had been taking the medication since 04/2013. There was a lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation indicating a necessity for 90 tablets. Given the above, the request for 90 Prilosec 20 mg is not medically necessary.

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LEFT SHOULDER: Upheld

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

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

Decision rationale: California MTUS Postsurgical Treatment Guidelines indicate the treatment for an open rotator cuff syndrome surgery is 30 visits. The patient was noted to undergo and open rotator cuff repair, repair of a deltoid muscle tear, subacromial decompression with lysis of adhesions and a claviclectomy on 03/22/2013. Clinical documentation submitted for review failed to indicate the quantity of sessions the patient had attended. There was a lack of documentation of functional benefit that was received from prior therapy and objective functional deficits remaining to support the necessity for ongoing therapy. Given the above, the request for physical therapy twice a week for 6 weeks for the left shoulder is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who did not respond to treatment or who would consider surgery an option. Clinical documentation submitted for review failed to provide the DWC Form RFA or the PR2 with a physical examination to support the necessity for an MRI of the lumbar spine. There was a lack of documentation indicating the patient had failed conservative treatment. Given the above and the lack of documentation, the request for an MRI of the lumbar spine is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who did not respond to treatment or who would consider surgery an option. Clinical documentation submitted for review failed to provide the DWC Form RFA or the PR2 with a physical examination to support the necessity for an MRI of the lumbar spine. There was a lack of documentation indicating the patient had failed conservative treatment. Given the above and the lack of documentation, the request for an MRI of the lumbar spine is not medically necessary.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Ncs.

Decision rationale: Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is

presumed to have symptoms on the basis of radiculopathy. Clinical documentation submitted for review failed to provide the DWC Form RFA or the PR2 for the requested service. There was a lack of documentation of the objective findings. Given the above, the request for NCS of the bilateral lower extremities is not medically necessary.

NCS OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Ncs.

Decision rationale: Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Clinical documentation submitted for review failed to provide the DWC Form RFA or the PR2 for the requested service. There was a lack of documentation of the objective findings. Given the above, the request for NCS of the bilateral lower extremities is not medically necessary.

FOLLOW-UP VISIT WITH [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, OFFICE VISIT

Decision rationale: Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon the review of the patient's concerns, signs and symptoms as well as clinical stability and reasonable physician judgment. The clinical documentation indicated the patient had objective and subjective findings, as well as medications usage that would support a re-evaluation. However, the request as submitted, failed to indicate the quantity of office visits being requested. Given the above, the request for follow-up visit with [REDACTED] is not medically necessary.