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| <b>Case Number:</b>   | CM13-0045988 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 01/13/2009 |
| <b>Decision Date:</b> | 03/07/2014   | <b>UR Denial Date:</b>       | 10/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2013 |

### 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 Occupational Medicine 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:

The applicant has filed a claim for chronic neck and shoulder pain associated with an industrial injury of January 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; prior shoulder rotator cuff repair surgery; unspecified amounts of postoperative physical therapy; muscle relaxants; and extensive periods of time off of work. A clinical progress report of October 28, 2013, is notable for comments that the applicant reports persistent shoulder and knee pain. The applicant is status post two left knee surgeries, a left shoulder surgery on July 26, 2013, and a right shoulder surgery. Diminished shoulder strength in the 4-/5 to 4/5 range bilaterally is noted. The applicant possesses shoulder flexion and abduction in 140- to 150-degree range bilaterally. Medications and a home exercise kit are seemingly endorsed. The applicant's work status is not clearly stated on this occasion. A later note of November 25, 2013, is notable for comments that the applicant remains off of work, on total temporary disability. Medications are again renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**home exercise kit for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**Decision rationale:** home exercise kit for the left shoulder

**Omeprazole 20mg #80:** Upheld

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

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

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole can be employed in the treatment of NSAID-induced dyspepsia. In this case, however, there is no specific mention of any signs or symptoms of dyspepsia, reflux, and/or heartburn for which usage of omeprazole, or proton pump inhibitor, would be indicated, either in the body of the report or in the review of systems section. Therefore, the request remains non-certified, on independent medical review.