MAXIMUS Federal Services

Case Number:	CM13-0056986		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	03/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Cassaro. 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:

This is a 36 year-old male who was injured on 10/17/12. He has been diagnosed with: rotator cuff sprain and strain; other affections shoulder region NEC, adhesive capsulitis of shoulder; osteoarthritis, shoulder region. According to the 11/12/13 report from [redacted], the patient has had prior rotator cuff repair of the left shoulder in 2001-02, MUA and revision in 4/11/2013. More recently on 9/16/13 he had left shoulder Kenalog/Marcaine injection that provided moderate relief of symptoms, but is now recurring. He has near full range of motion, with 30 degree internal rotation contracture. Impingement signs were present, and the patient would like to proceed with reexamination under anesthesia for possible capsular release and redo of the subacromial decompression. [redacted] first evaluated the patient on 9/16/13 and recommended a Dyna splint, compound cream, naproxen and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

System kit shoulder therapy: 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 Exercise Page(s): 46-47.

Decision rationale: The patient presents with left shoulder pain. The request before me is for a "system kit shoulder therapy" There is no description of what the kit is composed of in the medical records provided for review. A 9/16/13 report states Dynasplint was recommended, but does not mention a "system kit" being requested. The MTUS Chronic Pain Guidelines recommend exercise but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. " There is no discussion of what types of home therapy the kit will provide, and there is no rationale as to why this is better than other forms of exercise. The request for an unknown type of "system kit" for the shoulder does not appear to be consistent with the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

Pharmacy purchase of Prilosec 20mg #30: 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 NSAIDS Page(s): 68-69.

Decision rationale: The patient presents with left shoulder pain. The medical records do not show that this patient meets any of the MTUS Chronic Pain Guidelines' criteria for GI risk factors, and does not have history of peptic ulcer, GI bleed, GERD or dyspepsia from NSAIDs. There is no rationale provided for use of Prilosec, and the documentation does not meet MTUS Chronic Pain Guidelines' criteria for use of a PPI on a prophylactic basis. The request is not medically necessary and appropriate.

Pharmacy purchase of compound cream x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The medication/components of the cream were not listed in the medical records provided for review. Without a description of the components that make of the compound medication, it cannot be compared to the individually recommended components provided in the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.