

Case Number:	CM13-0059259		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2008
Decision Date:	10/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 39 year-old male with a history of a work injury occurring on 09/09/10 with injury to the left shoulder while working in construction. He underwent an open rotator cuff repair in January 2010. In July 2010 he was having right shoulder, wrist, hand, and low back pain. He had ongoing stress, anxiety, and depression and difficulty sleeping. He continued to have low back pain and on 08/23/11 underwent a lumbar decompression and instrumented fusion. Postoperative treatments included medications and physical therapy. In follow-up he had done well and was ambulating. Use of a lumbar brace was recommended. On 10/03/12 imaging results were reviewed showing expected postoperative findings. He was having ongoing knee pain. On 12/12/12 he was having ongoing persistent back pain with intermittent radiation to the left leg. He was using a brace and ambulating with a cane. There was positive left straight leg raising. Additional testing was requested. Recommendations included cold therapy two times per week for four weeks and a supportive mattress. On 12/17/12 he was being seen for a GI evaluation. Current medications were Tylenol with codeine, Soma, Lyrica, Paxil, and Ativan. Discontinued medications were Vicodin, ibuprofen, Neurontin, and tramadol. Endoscopy was recommended. Upper endoscopy was done on 06/11/13 showing findings of chronic moderate gastritis with Helicobacter pylori and colonoscopy on 06/17/13 was negative. After treatment, testing in September 2013 was negative for ongoing Helicobacter pylori infection. Recommendations were to decrease the claimant's Omeprazole dose for three months with no further GI evaluation needed if he were to remain asymptomatic. He was seen by the requesting provider on 11/14/13. He was having ongoing left shoulder and low back pain. He was having difficulty sleeping due to anxiety and depression. Medications were Tylenol number three and Lyrica. Physical examination findings included lumbar spine tenderness with positive right

straight leg raising and decreased lower extremity sensation. He had left shoulder tenderness with crepitus and positive impingement and apprehension testing. Medications were refilled. Recommendations included a gym membership with pool access. On 12/02/13 he was having ongoing shoulder pain rated at 5-10/10. Physical examination findings included decreased shoulder range of motion. There was tenderness over the supraspinatus and greater tuberosity with mild tenderness over the biceps. He had decreased left upper extremity strength. There was positive impingement testing. Imaging results were reviewed. Recommendations included left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool access: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6:, p87

Decision rationale: The claimant is more than four years status post work-related injury with treatments including an instrumented lumbar fusion with expected post-operative imaging findings over one year later. He is being considered for left shoulder arthroscopy. He is noted to be obese. He has continued at temporary total disability. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. If any membership to a pool is covered, coverage should be continued if it can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documented prescribed exercise program that would require a gym membership and the claimant has been able to participate in land based physical therapy treatments. His lumbar fusion surgery appears uncomplicated and there would be no contraindication to performing weight bearing activities. The requested gym membership with pool access is for an indeterminate period of time and therefore not medically necessary.

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 Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-71.

Decision rationale: Prilosec (Omeprazole) is recommended for patients taking non-steroidal anti-inflammatory medication and at intermediate or high risk for gastrointestinal events or with

mild to moderate cardiovascular risk factors. In this case, the claimant is no longer taking non-steroidal anti-inflammatory medication and has no ongoing gastrointestinal symptoms. Therefore Prilosec 20mg #30 is not medically necessary.