

Case Number:	CM13-0068278		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2012
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 Family Practice, 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 65-year-old female who reported an injury on 6/13/12. The mechanism of injury was cumulative trauma. Her diagnoses include status post left shoulder AC joint resection, status post left shoulder arthroscopy, subacromial decompression and rotator cuff repair, right shoulder full thickness rotator cuff tear, right shoulder impingement syndrome, and right shoulder AC joint arthrosis. The patient was noted to have surgery on 11/13/13 which included arthroscopic left shoulder revision, subacromial decompression, and AC joint resection and debridement. At her 11/19/13 office visit, it was noted that the patient was doing well. Her physical exam findings included decreased abduction and external rotation strength to 4/5, decreased range of motion in abduction and flexion to 90 degrees, internal rotation to the PSIS region, and external rotation to 80 degrees. Her treatment plan included physical therapy three times a week for six weeks for the left shoulder, and the continued use of medications. Her medications were noted to include Diclofenac XR 100mg daily, Tramadol ER 150mg daily, and Omeprazole 20mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy Visits Three Times A Week For Six Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the California MTUS guidelines, postoperative physical therapy is recommended following surgery for impingement syndrome at 24 visits over 14 weeks. The patient's 12/17/13 office note indicated that the patient's physical examination findings included continued decreased motor strength to 4/5 in abduction and external rotation and range of motion values noted as abduction and flexion 150 degrees, internal rotation to 60 degrees and external rotation to 80 degrees. This indicates that the patient's motor strength values had not improved with physical therapy; however, she had made gains in range of motion in abduction and flexion. However, details are not clear on how many postoperative physical therapy visits the patient has previously completed and, as the most recent physical examination findings were within her 12/17/13 note, it is unknown whether the patient currently has objective functional deficits to warrant continued physical therapy. In the absence of the patient's specific number of physical therapy visits completed to date, it is unknown whether the request for physical therapy three times a week for six weeks would exceed the guideline recommended number of total visits. Additionally, details were not provided regarding the patient's specific homebound status except that she had transportation issues. In the absence of detailed documentation regarding the patient's need for home care, and details regarding her physical therapy to date, the request is not supported. As such, the request is noncertified.

Omeprazole 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients taking NSAID medications who have been found to be at high risk for gastrointestinal events or for documentation of dyspepsia related to NSAID use. The clinical information submitted for review indicates that the patient's medications included Diclofenac, an NSAID, as well as Omeprazole to be used for NSAID gastritis prophylaxis. The clinical information submitted for review failed to provide details indicating that the patient had complaints of dyspepsia related to her NSAID use or that she was at significant risk for gastrointestinal events with use of NSAIDS. As the California MTUS Guidelines do not recommend a proton pump inhibitor strictly for prophylaxis, the request is not supported. As such, the request is noncertified.

Home Care Services: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: According to the California MTUS Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are noted to be homebound. Treatment is recommended only on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services or personal care when this is the only care needed. A 10/1/13 office note indicates that in addition to the request for her left shoulder AC joint resection, her treatment plan included postoperative physical therapy and home physical therapy as the patient has transportation issues. The clinical information submitted did not indicate that the patient was homebound for any other reason than she had "transportation issues." Additionally, specific details regarding the type of home care required were not provided in the medical records. In the absence of further details regarding the patient's need for home care services and details including the type of treatments needed, duration of treatment, and quantity of visits requested. Therefore, the request is noncertified.