

Case Number:	CM14-0002462		
Date Assigned:	01/24/2014	Date of Injury:	06/13/2011
Decision Date:	06/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] who has submitted a claim of pain in the cervical spine, lumbar spine, right shoulder, and bilateral wrists associated from an industrial injury date of October 13, 2011. Treatment to date has included right shoulder arthroscopy decompression and debridement (5/22/13), physical therapy, and medications with include Motrin, Amitriptyline, Ambien, and Keto-Flex-L cream. Medical records from 2012 to 2013 were reviewed, the latest of which dated October 25, 2013 revealed that the patient complained of pain in the cervical spine, lumbar spine, right shoulder, and bilateral wrists. On examination of the cervical spine, there was limited range of motion; and over the trapezius and paravertebral muscles on the right side. Shoulder depression test was positive. Muscle strength was 4/5 in the C5 myotome on the right. On examination of the right shoulder, there was limited range of motion on flexion to approximately 110 degrees, abduction to approximately 90 degrees, and external rotation to approximately 25 degrees. Strength was 4/5 on flexion and abduction. There was tenderness over the acromioclavicular joint. Utilization review from December 31, 2013 denied the request for physical therapy two (2) times a week for four (4) weeks to the cervical spine and right shoulder because the patient has completed 12 sessions of physical therapy with resulting improvement of pain and range of motion, however, there is no presenting modality to be utilized in the physical therapy that could not be done in a home exercise program, and denied the request for Prilosec (Omeprazole) 20mg #60 because there has not been any mentioned of altered dose of NSAID or need for dietary change resulting from GI symptoms associated with the NSAID or other medications being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE CERVICAL SPINE AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state, fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy is recommended. In this case, there was a total of 12 physical therapy sessions completed. Additional physical therapy was prescribed because the patient still had some limitation in strength and range of motion. However, the patient is expected to be well-versed in an independent home exercise program by now. Therefore, the request for physical therapy two (2) times a week for four (4) weeks to the cervical spine and right shoulder is not medically necessary and appropriate.

PRILOSEC (OMEPRAZOLE) 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 72,68-15.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, states, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age > 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. In this case, the patient was prescribed Omeprazole since October 2012 while on Motrin . The patient has a history of long-term use NSAIDs, but not on high dose NSAIDs. Furthermore, the patient is only 58 years old and does not have a history of peptic or gastric ulcer. The request Prilosec (Omeprazole) 20mg #60 is not medically necessary and appropriate.