

Case Number:	CM14-0004454		
Date Assigned:	02/05/2014	Date of Injury:	01/25/2012
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery 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 50 year-old male who has filed a claim for grade 4 osteoarthritis of the right shoulder associated with an industrial injury date of January 25, 2012. Review of progress notes reports pain of the right shoulder with stiffness, achiness, and difficulty with overhead activities, with excellent relief of symptoms with the corticosteroid injection. Patient also has had steady progress with physical therapy. Patient is developing pain on the left shoulder. Findings of the right shoulder include improving range of motion and motor strength. Treatment to date has included NSAIDs, opioids, and right shoulder arthroscopic surgery on July 12, 2013 with post-operative physical therapy. Patient had right shoulder kenalog and ropivacaine injection under fluoroscopic guidance in December 20, 2013 with 40% immediate improvement of the pain symptoms. Patient is currently on Naprosyn 550mg and Norco 10/325mg. Utilization review from December 12, 2013 denied the request for right shoulder kenalog injection under fluoroscopic guidance as medical necessity was not established; shoulder home strengthening and stretching kit as the patient should be well-versed in an independent home exercise program at this time; and Prilosec 20mg as patient does not have gastrointestinal conditions documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER KENALOG INJECTION UNDER FLUOROSCOPIC GUIDANCE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Steroid Injections.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for steroid injections include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for posttraumatic impingement of the shoulder, not controlled adequately by conservative treatments of after at least 3 months. A repeat injection may be an option with several weeks of partial resolution of symptoms, and then worsening pain and function. Number of injections should be limited to 3. In this case, the patient does not meet the criteria listed above for steroid injections. Patient has severe osteoarthritis with arthroscopic surgery. Therefore, per the guideline recommendations of ODG the request for right shoulder kenalog injection under fluoroscopic guidance is not medically necessary.

HOME STRENGTHENING AND STRETCHING KIT: Overturned

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 Official Disability Guidelines (ODG), Shoulder Chapter, Home Exercise Kits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, home exercise kits are recommended. This patient has had about 36 post-surgical physical therapy sessions showing gradual improvement in symptoms and function. Continuation of stretching and strengthening exercises at home using a specific shoulder home exercise program is recommended for both short-term and long-term improvement in shoulder function. Therefore, per the guideline recommendations of ODG the request for home strengthening and stretching kit is medically necessary.

PRILOSEC 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 68.

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least December 2013. Although this patient is on NSAID therapy, there are no risk factors present to necessitate use of this medication. Also, the requested quantity is not specified. Therefore, per the guideline recommendations of the request for Prilosec 20mg is not medically necessary.