

Case Number:	CM14-0006947		
Date Assigned:	04/30/2014	Date of Injury:	12/17/2011
Decision Date:	07/08/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 50 year old male who reported an injury on 12/17/2011. The mechanism of injury was reported as being hit by a tree branch. Per the 01/06/2014 clinical note, the claimant reported left shoulder and arm pain rated at 6/10. Physical exam of the left shoulder showed motor strength at 4/5 with tenderness to palpation. The claimant demonstrated positive Neer and Hawkins' tests on the left. Range of motion for the left shoulder was noted at 130 degrees of forward flexion, 110 degrees of abduction, 80 degrees of external rotation, 15 degrees of internal rotation, 20 degrees of extension, and 25 degrees of adduction. Diagnoses included left shoulder impingement syndrome, rule out rotator cuff tear. Treatment to date included physical therapy, acupuncture, and medications. An MRI of the left shoulder performed on 06/14/2012 showed moderate impingement syndrome, tendinosis of the rotator cuff with a tear of the rotator cuff, and SLAP deformity of the glenoid labrum indicative of a tear. The request for authorization form for physical therapy 2 times a week for 4 weeks was submitted on 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITH CONTRAST FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

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

Decision rationale: The Official Disability Guidelines state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker had a previous MRI of the left shoulder performed on 06/14/2012 which showed moderate impingement syndrome, tendinosis of the rotator cuff with a tear of the rotator cuff, and SLAP deformity of the glenoid labrum indicative of a tear. The medical records provided do not indicate a significant change in symptoms or findings suggestive of significant pathology to warrant a repeat MRI. Therefore, the request for MRI with contrast for the left shoulder is not medically necessary and appropriate

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: In regards to physical medicine, the California MTUS guidelines recommend the fading of treatment frequency plus active self-directed home physical medicine. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per the 01/06/2014 clinical note, the injured worker reported he received physical therapy three weeks after the date of injury and then again in 2012. It is unclear how many physical therapy visits the injured worker has completed or the efficacy of those visits. It is also unclear if the injured worker would continue active therapies at home. Therefore, the request for physical therapy twice a week for four weeks is not medically necessary and appropriate.

ANAPROX DS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAPROXEN Page(s): 66.

Decision rationale: The California MTUS guidelines state Naproxen is for the relief of the signs and symptoms of osteoarthritis. The injured worker reported taking pain medications but could not recall the names. The efficacy of those medications is unclear. A current medication list was not present in the documents submitted for review so potential drug interactions are not clear. In addition, the submitted request did not specify a dosage, frequency, or quantity of anaprox DS. Therefore, the request for Anaprox DS is not medically necessary and appropriate.

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for patients with current gastrointestinal symptoms or those at risk for gastrointestinal event. Risks for gastrointestinal events include: age greater than 65 years; a history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The medical records provided do not indicate the injured worker was experiencing any significant gastrointestinal symptoms or had a history of gastrointestinal problems to warrant the use of prilosec. Also, a current medication list was not present in the documents submitted for review so potential drug interactions are not clear. In addition, the submitted request did not specify a dosage, frequency, or quantity of Prilosec. Therefore, the request for Prilosec is not medically necessary and appropriate.

ULTRAM ER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91-94.

Decision rationale: The California MTUS guidelines state Tramadol (Ultram) may increase the risk of seizure in patients taking SSRIs, TCAs, and other opioids. The injured worker reported taking pain medications but could not recall the names. The efficacy of those medications is unclear. A current medication list was not present in the documents submitted for review so potential drug interactions are not clear. In addition, the submitted request did not specify a dosage, frequency, or quantity of Ultram ER. Therefore, the request for Ultram ER is not medically necessary and appropriate.