

Case Number:	CM14-0016833		
Date Assigned:	04/11/2014	Date of Injury:	11/18/2011
Decision Date:	05/28/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 claimant is a 49-year-old gentleman who was injured in a work related accident on November 18, 2011. Clinical records for review indicate that following a course of conservative care, this individual underwent a right shoulder arthroscopy with subacromial decompression, distal clavicle excision, partial rotator cuff debridement, labral debridement on November 15, 2013. Postoperative assessment of December 4, 2013 indicates doing well following the above mentioned surgery with incisions healed. No signs of infection and an initial course of formal physical therapy were recommended. There was also a request for continued use of Norco and Omeprazole. Postoperative imaging was not available for review in regards to the claimant's right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO ORAL TAB 10/325, #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Norco would be supported. This individual recently underwent a shoulder

arthroscopy with decompression less than two weeks from specific request in this case. Clinical records would continue to support its role in the postsurgical setting. The request for Norco oral tab 10/325, #30 is not medically necessary.

OMEPRAZOLE DR 20MG, #60 WITH 1 REFILL: Overturned

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

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

Decision rationale: The Expert Reviewer's decision rationale: This individual does not present with indication of gastritis or GI related symptoms that would support the role of a proton pump inhibitor. There is currently no indication for the use of nonsteroidal medications which typically are not recommended in the initial postoperative setting. Given the lack of GI issue, the specific request for Omeprazole DR 20mg #60 is not medically necessary.

PT POST- OPERATIVE RANGE OF MOTION, 2 TIMES A WEEK FOR 6 WEEKS:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Following surgery as cited above, twenty-four sessions of therapy over a fourteen week period of time would be indicated. This individual is with no documentation of postoperative therapy to date. The specific request in this case would be indicated. The request for PT post-operative range of motion, 2 x week for 6 weeks.