

<b>Case Number:</b>	CM14-0137898		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Tennessee. 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 64-year-old female who has submitted a claim for status post left shoulder surgery on 3/18/2014 associated with an industrial injury date of 9/12/2013. The medical records from 12/24/13 up to 9/25/2014 were reviewed showing intermittent mild, dull, and achy left shoulder pain. She stated that acupuncture helped and her left shoulder felt better. She is able to do more activities with less pain. The physical examination of the left shoulder revealed painful and decreased range of motion. There was +3 tenderness over the posterior and lateral shoulder. Supraspinatus press caused pain. The patient had undergone left shoulder surgery on 3/18/2014. Treatment to date has included brace for arm, chiropractic care, acupuncture, and post-operative physical therapy x 20. Utilization review from 8/20/2014 denied the request for additional physical therapy, 2-3 x 6 and Omeprazole 20mg #30. Regarding the additional physical therapy, the patient has completed 20 post-op therapy sessions to date. There is no documented symptomatic or functional improvement from previous therapy sessions. Patient should be started on home exercise program by now. Regarding Omeprazole, there is no documentation of GI distress symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy. 2-3 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12; 27.

**Decision rationale:** AAs stated on pages 12 and 27 of California MTUS Postsurgical Treatment Guidelines, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period which consists of 24 visits over 14 weeks. In this case, the patient had undergone left shoulder surgery on 3/18/2014 and has completed 20 post-op physical therapy sessions. However, she still experiences intermittent mild, dull, and achy left shoulder pain. She stated that acupuncture helped her left shoulder felt better. She is able to do more activities with less pain. Physical examination of the left shoulder revealed painful and decreased ROM. There was +3 tenderness over the posterior and lateral shoulder. Supraspinatus press caused pain. There was no documentation of physical therapy benefitting the patient. In addition, the patient should be started with a home exercise program by now. The request for another 12-18 post-op physical therapy sessions is more than the guidelines' recommended timeline. Moreover, the targeted body part was not indicated. Therefore the request for additional physical therapy 2-3 x 6 is not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, medications such as Omeprazole are recommended for patients with complaints of gastritis, gastroesophageal reflux disease or dyspepsia. Prophylactic use is supported by California MTUS when specific criteria are met, which include: "age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs." In this case, the patient is 64 years old, is not taking NSAIDs, has no history of peptic ulcer, GI bleeding, or perforation, and has no gastrointestinal complaints. Therefore the request for Omeprazole 20mg #30 is not medically necessary.