

Case Number:	CM14-0152110		
Date Assigned:	09/22/2014	Date of Injury:	05/20/2009
Decision Date:	10/24/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 injured worker is a 33-year-old female who reported an injury on 05/20/2009. The mechanism of injury was the injured worker was kicked in the right shoulder that was being placed in restraints. The injured worker had right shoulder surgery. Diagnoses included status post right shoulder repair. Prior therapies included physical therapy. The injured worker's medications included Norco 10/325 mg, Flexeril 10 mg, Prilosec 20 mg, and Celebrex 200 mg. The injured worker was noted to be NSAID intolerant which was why Celebrex was prescribed. The injured worker underwent an arthroscopic extensive debridement of the glenohumeral joint, biceps tendon release, subacromial decompression extensive synovectomy and bursectomy and massive rotator cuff repair and AC joint resection on 04/21/2014. Documentation of 08/11/2014 revealed the injured worker had difficult postoperative course and a delay in getting physical therapy and medications. The injured worker was receiving physical therapy, however, did not have medications. The injured worker had limited function of the right shoulder. Physical examination revealed the injured worker had abduction to 90 degrees and a positive impingement test, and was tender anteriorly. The pain medication, Norco 10/325 mg, was prescribed. The physician documented this was helping increase the injured worker's function and participating in therapy. She was to take it no more than 3 times per day. There was a Request for Authorization submitted for review to include Norco 10/325 mg, Flexeril 10mg, Celebrex 200 mg, and Omeprazole 20 mg. There was a Request for Authorization submitted for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The California Post-Surgical Guidelines indicate that the treatment for rotator cuff syndrome is 24 visits over 14 weeks. The postsurgical physical medicine treatment period is 6 months. The surgery was on 04/21/2014. The clinical documentation submitted for review indicated the injured worker was undergoing therapy on 08/11/2014 and would still be in the post-operative period at that time. There was a lack of documentation of the quantity of sessions previously attended and the objective functional benefit that was received. There was a lack of documentation of objective deficits. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, and the lack of documentation, the request for 12 physical therapy sessions is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional benefit. The clinical documentation submitted for review failed to meet the above criteria. Additionally, the duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg #30 is not medically necessary.

Omeprazole 20mg #60: 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 Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events and that a proton pump inhibitor is appropriate for the treatment of dyspepsia secondary to NSAID therapy. The

clinical documentation submitted for review failed to provide a rationale for the requested medication. The duration of use could not be established. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg #60 is not medically necessary.