

Case Number:	CM14-0152466		
Date Assigned:	09/22/2014	Date of Injury:	02/01/2013
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 52-year-old female who has submitted a claim for partial tear rotator cuff and adhesive capsulitis associated with an industrial injury date of 02/01/2013. Medical records from 03/02/2013 to 07/15/2014 were reviewed and showed that injured worker complained of left shoulder pain graded 6/10. Physical examination revealed well-healed surgical scar, tenderness over acromioclavicular and glenohumeral joints, decreased range of motion (ROM), and weakness with flexion and abduction. MRI of the left shoulder dated 03/02/2013 revealed probable full thickness supraspinatus tear. Treatment to date has included arthroscopic surgery with distal claviclectomy, left shoulder (05/09/2013), open rotator cuff surgery, left shoulder (04/25/2014), 24 visits of postoperative physical therapy, Paroxetine, Omeprazole 20mg #30 (prescribed 07/15/2014), and Vicodin. Of note, there was documentation of reflux associated with medications. There was no objective documentation of functional outcome with postoperative physical therapy. Utilization review dated 09/08/2014 denied the request for Physical Therapy 2x6 - 8 weeks (#16) because there was no documentation of ongoing HEP attempts. Utilization review dated 09/08/2014 denied the request for Omeprazole 20mg #30 because there was no documentation of GI issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Additional Physical Therapy 2x6-8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to CA MTUS Postsurgical Treatment Guidelines, 30 visits over 18 weeks are recommended for open rotator cuff surgery. In this case, the injured worker has already completed 24 visits of postoperative physical therapy. However, there was no documentation of functional outcome from previous physical therapy visits. Consequently, the request of additional 16 visits of physical therapy will exceed guidelines recommendation as well. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for 16 Additional Physical Therapy 2x6-8 weeks is not medically necessary.

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

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 CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the injured worker was prescribed Omeprazole 20mg #30 since 07/15/2014. There was documentation of reflux associated with medications. The medical necessity for proton pump inhibitor prophylaxis has been established. Therefore, the request for Omeprazole 20mg #30 is medically necessary.