

Case Number:	CM14-0034405		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2009
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 42-year-old female who reported an injury on 02/09/2009. The mechanism of injury was not provided. The clinical note dated 01/05/2014 noted that the injured worker presented with left shoulder pain. The injured worker was status post arthroscopy on 11/28/2013, and has completed 20 sessions of postoperative physical therapy and reports decreased pain and increased range of motion. Prior therapy also included Norco. The diagnoses were bilateral and medial epicondylitis with tendonitis cubital tunnel syndrome, and also a wrist flexor/extensor tendonitis with dynamic carpal tunnel syndrome with history of carpal tunnel release performed in 2006, and bilateral shoulder parascapular strain with left shoulder impingement and diagnostic ultrasound study dated 08/30/2011. Upon examination of the left shoulder, it revealed postoperative changes, tenderness to palpation over the paraspinal musculature, trapezius muscles, subacromial region, acromioclavicular joint, and supraspinatus tendon. There is crepitus present and positive impingement in cross arm test. Motion values of the left shoulder were 130 degrees flexion, 30 degrees extension, 96 degrees abduction, 32 degrees adduction, and 70 degrees of internal rotation as well as 70 degrees of external rotation. The provider recommended a resistance chair exercise and rehabilitation system with freedom flex shoulder stretchers so the injured worker can be progressed to a home exercise program, the start of Norco 7.5 mg and Prilosec 20 mg with a quantity of 30. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance Chair Exercise And Rehabilitation System with freedom flex Shoulder Stretches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise chapter Page(s): 46-47.

Decision rationale: The request for a resistance chair exercise and rehabilitation system with freedom flex shoulder stretches is not medically necessary. The California MTUS does recommend exercise as there is strong evidence that exercise programs including aerobic conditioning and strengthening is superior to treatment programs that do not include exercise. However, the guidelines also state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program unless exercise is contraindicated. The guidelines state that there is no sufficient evidence to support 1 exercise regimen over another, a resistance chair exercise and rehabilitation system would not be indicated over a standard exercise program. As such, the request is not medically necessary.

Prilosec 20mg quantity:30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, GI Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize a criteria to determine if the injured worker is at risk for gastrointestinal events, these would include age greater than 65 years old, a history of peptic ulcer, GI bleed or perforation, concurrent use of Aspirin (ASA), corticosteroids, or an anticoagulant, and high dose multiple Nonsteroidal anti-inflammatory drugs (NSAIDs). The medical documentation noted the injured worker presented with complaints of heartburn; however, there were no symptoms of a history of peptic ulcer, GI bleed, or perforation. There was also no documentation showing the injured worker to be using an NSAID. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

Norco 7.5mg quantity:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Hydrocodone /Acetaminophen, page 78 and 91. Page(s): 91- 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Norco 7.5 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The documentation noted that the injured worker reported decreased pain and increased range of motion due to postoperative physical therapy. The provider reduced the prescription from Norco 10 mg to Norco 7.5 mg, the efficacy of the prior medication use was not provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. The provider's request did not include the frequency of the medication. As such, the request is not medically necessary.