

Case Number:	CM14-0035654		
Date Assigned:	06/23/2014	Date of Injury:	07/08/2009
Decision Date:	07/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/24/2014

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 Pain Medicine, 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:

This is a 55-year-old female patient who sustained an industrial injury to both shoulders on 7/8/09. The mechanism of injury was not provided for review. Diagnoses were reported as cervical spine strain/sprain, right shoulder and left shoulder status post arthroscopic subacromial decompressions, and adjustment disorder with mixed anxiety and depression. A progress report dated 4/25/14 stated that the patient presented with subjective complaints of bilateral shoulder pain rated at 8/10. It was reported the patient had 24 sessions of physical therapy with only mild improvement. The patient was to start aqua therapy soon. The patient had MRA of the left shoulder on 11/11/13 and report was still pending. A request for MRA of the right shoulder was to be requested. The patient reported cervical spine pain rated at 7/10 and complaints of numbness, tingling, pain and weakness in the bilateral upper extremities. MRI of the cervical spine to rule out herniated nucleus pulposus would be recommended. The patient complained of gastrointestinal upset even with Prilosec and will be referred to internal medicine. The patient is pending scheduling for bilateral shoulder cortisone injections. Prescribed medications include Motrin 800mg twice daily as needed for pain. Naproxen cream was discontinued secondary to pruritus. On physical examination there was tenderness throughout the occipital and thoracic region bilaterally. Muscle spasm was noted bilaterally. Motor testing was 4+/5 to the bilateral shoulders. Sensation was intact throughout the upper extremities. There is no atrophy noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy initial functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluations Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Guidelines for performing an FCE (Functional Capacity Evaluation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations Chapter, pg. 137-138.

Decision rationale: Although functional capacity evaluations are widely promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Documentation provided for review does not describe a specific occupation for which job duties exist or questioned whether patient is musculoskeletally capable to perform these job duties, nor is there documentation of failure of return to work attempts to support the medical necessity of a functional capacity evaluation. It is noted that the patient is being recommended for multiple treatment modalities at present including aquatic therapy, internal medicine consultation, and imaging of the shoulder and cervical spine. This would suggest that the patient is not currently being considered at maximum medical improvement. It was noted that work restrictions have previously been outlined. A physical therapy initial functional capacity evaluation is not medically necessary.

Ibuprofen 800mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

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

Decision rationale: The California MTUS recommends that non-steroidal anti-inflammatories (NSAIDs) should be used at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the patient has chronic pain from an injury sustained in 2009 and has been taking non-steroidal anti-inflammatories chronically. Long-term use of NSAIDs is not recommended. The medical records do not clearly establish when this medication was started or duration of treatment. There is no description of significant pain relief (the patient continues to report high pain levels at 8/10), nor is there a description of objective measurable functional benefit as a result of the use of ibuprofen. As such, the request is not medically necessary.