

Case Number:	CM14-0064302		
Date Assigned:	07/11/2014	Date of Injury:	03/21/2013
Decision Date:	08/13/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 Orthopedic Surgery and is licensed to practice in Texas, New Mexico and Nebraska. 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 37 year old female who was injured on 03/21/2013 due to work-related repetitive movements. Prior treatment history has included Naproxen 500 mg, Ultram 50 mg, and Zantac 150 mg. The progress report dated 04/17/2014 documented the patient to have complaints of neck pain, right shoulder pain and limited range of motion; pain and tenderness of the right elbow. The objective findings on exam revealed tenderness to palpation of the cervical spine at C4-5 and C5-6. Impingement test was positive in the right shoulder. She is diagnosed with impingement syndrome of the right shoulder, lateral epicondylitis of the right elbow, and disc protrusion of the cervical spine. The treatment and plan included a request for right shoulder arthroscopy, Naproxen 500 mg and omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 214 211. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Impingement syndrome & Diagnostic surgery.

Decision rationale: As per the CA MTUS ACOEM guidelines, surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. The ODG recommends conservative treatments including physical therapy and/or subacromial injection prior to undergoing shoulder arthroscopy for impingement syndrome. The medical records document a positive impingement test and limited shoulder range of motion. Imaging findings supporting impingement are not included. There is no documentation submitted showing that the patient has undergone a 3-6 month course of conservative treatment. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Omeprazole 20 mg Quantity 15 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and Cardiovascular risks. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors (PPIs).

Decision rationale: The ODG and Chronic Pain guidelines recommend PPI such as omeprazole in patients with intermediate risk for GI events while taking NSAID. This patient has previously been prescribed naproxen. The submitted records do not clearly establish that this is required as she is a 37 years old otherwise healthy female. Based on the ODG and Chronic Pain guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.