

Case Number:	CM14-0070641		
Date Assigned:	07/14/2014	Date of Injury:	04/02/2013
Decision Date:	09/30/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 & 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:

This is a 43-year-old female with a 4/2/13 date of injury. The patient sustained work-related injuries to her right shoulder. According to a progress report dated 3/26/14, the patient complained of right shoulder pain and dysfunction. She had recently started physical therapy and had 2 steroid injections in the past which gave her temporary relief of pain. It is documented in an appeal note dated 4/29/14; no physical therapy or acupuncture has been completed to date. The patient had mild improvement after chiropractic care. Objective findings: tenderness over the acromioclavicular margin and joint of right shoulder, limited ROM of right shoulder, pain and weakness on resisted external rotation with the arm at the side. Diagnostic impression: right shoulder pain and dysfunction, right shoulder impingement, right shoulder acromioclavicular joint arthrosis, right shoulder partial thickness rotator cuff tear. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment, ESI. A UR decision dated 4/25/14 denied the request for physical therapy, acupuncture, Norco, and Prilosec. A specific rationale regarding the denial of physical therapy and acupuncture was not provided. Regarding Norco, there is no mention of failure of non-narcotic analgesics; there is no documentation of specific functional benefits attributed to the opiate use. Regarding Prilosec, there is no indication this patient is being prescribed any NSAIDs, therefore there would be no reason to use this prophylactically. There is no mention of any symptoms of upper gastrointestinal problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (x 12) to Right Shoulder and Right Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of Physical Therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment, and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is documented in an appeal note dated 4/29/14 that the patient has not had physical therapy in the past. However, there is contradicting information, as the 3/26/14 progress note documents that the patient has had previous physical therapy. In addition, there is no documentation as to the number of physical therapy sessions previously completed. In order for additional sessions to be approved, there must be documentation of functional gains and pain reduction. Furthermore, the provider is also requesting an initial trial of acupuncture treatment. Guidelines do not support the initiation of more than 1 treatment modality due to difficulty in establishing efficacy. Therefore, the request for Physical Therapy (x 12) to Right Shoulder and Right Elbow was not medically necessary.

Acupuncture (x 12) to right shoulder and right elbow.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter, page 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. It is documented that the patient has not had acupuncture treatment in the past. However, this is a request for 12 sessions. Guidelines only support an initial trial of 3 to 6 treatments. In order for additional sessions to be approved, there must be

documentation of functional gains and pain reduction. In addition, the provider is also requesting an initial trial of physical therapy treatment. Guidelines do not support the initiation of more than 1 treatment modality due to difficulty in establishing efficacy. Therefore, the request for Acupuncture (x 12) to Right Shoulder and Right Elbow was not medically necessary.

Norco 10 #60 one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, a urine drug screen report dated 2/10/14 was inconsistent for the use of Hydrocodone. There is no documentation that the provider has addressed this issue. Therefore, the request for Norco 10 PM bid #60 one refill was not medically necessary.

Prilosec 20 mg bid #60 one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support Proton Pump Inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. According to a progress report dated 3/26/14, the patient is currently taking Ibuprofen. Guidelines support the use of Omeprazole in patients currently utilizing chronic NSAID therapy for prophylaxis from gastrointestinal symptoms. Therefore, the request for Prilosec 20 mg bid #60 one refill was medically necessary.