

<b>Case Number:</b>	CM14-0082165		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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, has a subspecialty in Interventional Spine, 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:

The patient is a 60 year old with date of injury of 6/12/09. The patient complains of severe cervical spine pain radiating to both upper extremities, bilateral shoulder pain with weakness, severe lower back pain with radiation to both lower extremities, and left knee pain, as per a 5/19/14 report. Based on the 4/24/14 progress report provided by [REDACTED] the diagnoses are right shoulder status post rotator cuff repair with residual long head of the biceps rupture, left shoulder long head of the bicep rupture with rotator cuff syndrome and adhesive capsulitis which is persistent, right shoulder adhesive capsulitis, left knee posterior horn medial meniscus tear, cervical strain/sprain, and lumbar strain/sprain. An exam on 4/24/14 showed decreased range of motion in the cervical spine. There was tenderness to palpation of the paraspinals and trapezius, left greater than right. There was tenderness to the suboccipital region causing headaches. There was decreased range of motion in the lumbar spine, as well as tenderness to palpation of the paraspinals (equally). There was a positive Kemp's sign bilaterally, and a positive straight leg raise at 70 degrees. There was decreased range of motion in the left knee. There were positive Neer's impingement and Hawkin's impingement tests, and there was AC joint tenderness to the left. There was decreased range of motion to the left knee, and tenderness to medial joint line. There were positive valgus/varus stress test and McMurray's to the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20 mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC: Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC guidelines, Pain chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** This patient has been taking Aciphex since the 11/5/13 report. The 4/24/14 report shows that the patient has taken Omezaprazole and another PPI, but neither worked; Aciphex is the only medication that helps with GI issues and gastroesophageal reflux disease. The Official Disability Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. A trial of Omeprazole or Lansoprazole is recommended before Nexium therapy. In this case, the treater has asked for Aciphex 20mg #60 which seems reasonable for patient's condition. As such, the request is medically necessary.

**Physical therapy 2 x 4, left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The patient had six physical therapy sessions authorized on 12/5/13, but the effectiveness of these session was not mentioned in any subsequent reports. The MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treating physician has asked for 8 physical therapy sessions for the lumbar spine, but does not specify the reason for additional therapy. The patient recently had 6 sessions; when combined with the 8 currently requested sessions, the MTUS recommendation would be exceeded. As such, the request is not medically necessary.