

<b>Case Number:</b>	CM14-0082418		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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 48-year-old patient sustained an injury on 9/22/09 while employed by [REDACTED]. Request under consideration include Aquatic Therapy (x12) and Omeprazole 20 mg # 90. Diagnoses included mild bilateral C7 Radiculopathy; complete rotator cuff tear s/p right shoulder arthroscopy with subacromial decompression and Mumford procedure on 10/4/11; cervical spine, chronic myofascial pain syndrome; and gastritis secondary to NSAID. Medications list Omeprazole, Flexeril, and Tramadol. Report of 5/2/14 from the provider noted the patient with ongoing chronic right shoulder and neck pain well-controlled with current medications; anxious and depressed with problems sleeping. The patient is currently not working. Exam showed restricted range of the cervical and thoracic spine in all planes; myofascial trigger points and taut bands at cervical paraspinal, trapezius, rhomboids, levator scapulae, scalene, and infraspinatus paraspinal musculature; moderately decreased range in all planes of the shoulders; tightness and spasm; decreased sensation in all digits. The request for Aquatic Therapy (x12) and Omeprazole 20 mg # 90 were non-certified on 5/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy (x12):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT (Physical Therapy) and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM (Range Of Motion), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic Therapy (x12) is not medically necessary.

**Omeprazole 20 mg., # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records noted gastritis from NSAID; however, medications did not list any current NSAID prescription. There are no symptoms complaints or clinical findings to warrant this medication treatment. Omeprazole 20 mg # 90 is not medically necessary and appropriate.