

Case Number:	CM14-0083708		
Date Assigned:	07/21/2014	Date of Injury:	12/16/2013
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 injured worker is a 57-year-old female who reported an injury on 12/16/2013. The injured worker was reportedly struck by a vehicle while crossing the street. Current diagnoses include contusion of the face, scalp, and neck; shoulder impingement; contusion of the shoulder; and contusion of the hip. The injured worker was evaluated on 04/17/2014 with complaints of persistent pain over multiple areas of the body. The injured worker has been previously treated with 12 sessions of physical therapy for the right shoulder, topical analgesics, and an elbow brace. Physical examination revealed tenderness to palpation over the right shoulder joint, limited right shoulder range of motion, positive impingement on the right, tenderness over the right greater trochanter, limited range of motion of the hip, positive McMurray's sign in the right knee, and healing abrasions on the face and nose. Treatment recommendations at that time included physical therapy for the right shoulder and hip, an oral maxillofacial surgeon, an MRI of the right shoulder, and an MRI of the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks.: 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 California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Therefore, the request is not medically appropriate. As such, the request for Physical therapy three times a week for four weeks is not medically necessary.

Magnetic resonance Imaging (MRI) of the right shoulder.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder chapter MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering imaging studies includes the emergence of a red flag, physiological evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker does demonstrate tenderness to palpation over the right shoulder joint with limited range of motion and positive impingement sign. However, it was noted that an MRI of the right shoulder was previously requested. The medical necessity for an additional MRI has not been established. As such, the request for Magnetic resonance Imaging (MRI) of the right shoulders is not medically necessary.

Magnetic resonance imaging (MRI) of the right hip.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state indications for imaging included osseous, articular, or soft tissue abnormalities, osteonecrosis, occult, acute, and stress fracture, acute and chronic soft tissue injury, or tumor. The injured worker does not appear to meet criteria as outlined by the Official Disability Guidelines. The injured worker's physical examination on the requesting date only revealed tenderness over the right greater trochanter with slightly

limited internal and external rotation. There was no documentation of a significant musculoskeletal or neurological deficit. There is also no mention of an attempt at conservative treatment for the right hip. Based on the clinical information received, the request for Magnetic resonance imaging (MRI) of the right hip is not medically necessary.

Oral maxillofacial surgeon for face and nose contusion.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker's physical examination noted well-healing abrasions about the face and nose on the right. The medical necessity for the requested consultation has not been established. As such, the request for Oral maxillofacial surgeon for face and nose contusion is not medically necessary.

One medrox (0.0375% capsaicinpain relief ointment, apply to affected areas, two refills.: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin. There is no documentation of a failure to respond to first line oral medications prior to the request for a topical analgesic. As such, the request for One Medrox (0.0375% capsaicin pain relief ointment, apply to affected areas, two refills. is not medically necessary.

Omeprazole DR 20mg, take one daily, #30 with two refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the request for Omeprazole DR 20mg, take one daily, #30 with two refills is not medically necessary.