

<b>Case Number:</b>	CM14-0086796		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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:

The injured worker is a 38-year-old male who reported an injury 12/21/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 06/19/2014 indicated a diagnosis of shoulder impingement. The injured worker reported pain in his lumbar spine and right shoulder. The injured worker is status post right shoulder surgery dated 02/2014. The injured worker was still participating in physical therapy and reported his condition was slowly improving, but he still had decreased range of motion and pain. The injured worker reported he had been approved for Anaprox and 1 refill of Norco. On physical examination, the injured worker had discomfort on elevation of the right upper extremity against the gravity at approximately 95 degrees, and the injured worker's trapezius muscle had tenderness. The injured worker's physical therapy was modified for 6 additional sessions on 05/20/2014. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco, Anaprox and Prilosec. The provider submitted a request for 12 additional postop physical therapy sessions to the right shoulder, Prilosec, and Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional post-op physical therapy sessions for right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201, 204.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for 12 additional post-op physical therapy sessions for right shoulder is not medically necessary. The California Post-Surgical Treatment guidelines state with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Postsurgical treatment, open: 30 visits over 18 weeks. \*Postsurgical physical medicine treatment period: 6 months. It was indicated that on 05/20/2014 the injured worker's physical therapy was modified for 6 additional sessions of postop physical therapy. Moreover, the guidelines indicate postsurgical physical medicine treatment period is 6 months. The injured worker had surgery 2/21/2014. This exceeds the guidelines recommendation for postop physical therapy. Moreover, there is lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. In addition, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Therefore, the request for 12 additional postop physical therapy sessions for the right shoulder is not medically necessary.

**Prilosec 20mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20mg #60 with 2 refills is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for gastrointestinal bleeding, perforations, or peptic ulcers. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, there is lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for the Prilosec. Therefore, the request is not medically necessary.

**Norco 10mg #30 with 2 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 Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

**Decision rationale:** The request for Norco 10mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the injured worker's Norco was modified for weaning. The provider has had ample time to wean the injured worker from the Norco. Furthermore, the request did not indicate a frequency. Therefore, the request for Norco is not medically necessary.