

Case Number:	CM14-0089756		
Date Assigned:	07/23/2014	Date of Injury:	09/26/2012
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational Medicine 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 49-year-old female who has submitted a claim for associated with an industrial injury date of 09/26/2012. Medical records from 10/14/2013 to 07/23/2014 were reviewed and showed that patient complained of left shoulder pain graded 2.5-5/10. Physical examination revealed mild tenderness upon palpation over the anterior shoulder joint. Left shoulder ROM was decreased with extension and internal rotation. Impingement sign was negative. Left shoulder MRI dated 10/23/2012 revealed distal supraspinatus tendinosis without tearing and mild acromioclavicular joint arthrosis. Treatment to date has included left shoulder arthroscopic surgery 08/22/2013, physical therapy, home exercise program, and pain medications. Utilization review dated 05/14/2014 denied the request for gym membership x 6 months because there was no indication of failure of HEP to address the current complaints/deficits. Utilization review dated 05/14/2014 denied the request for pantoprazole-protonix 20 mg #60 because there was no documentation indicating that pantoprazole-protonix is more beneficial than a "Y" drug on the ODG formulary

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 6 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Gym Memberships.

Decision rationale: CA MTUS does not specifically address gym memberships. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. With unsupervised programs, there may be risk of further injury to the patient. In this case, the patient has completed 24 visits of physical therapy with full transition to HEP. There has been no documentation of failure with HEP, which is prerequisite to gym membership approval. The medical necessity has not been established. Therefore, the request for Gym membership x 6 months is not medically necessary.

Pantoprazole-protonix 20mg #60: Overturned

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

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, patient was prescribed Pantoprazole-protonix 20mg #60 since 10/14/2013 because of GI disturbances to oral medications. The medical necessity for proton pump inhibitor use has been established. Therefore, the request for Pantoprazole-protonix 20mg #60 is medically necessary.