

Case Number:	CM14-0188697		
Date Assigned:	11/19/2014	Date of Injury:	10/06/2009
Decision Date:	01/30/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice and is licensed to practice in Florida. 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 42 year-old male with a date of injury of November 4, 2013. The patient's industrially related diagnoses include thoracic sprain/strain, right shoulder impingement, right shoulder pain and dysfunction, and lumbar spinal strain. The disputed issues are prescriptions for Naproxen 500mg #60 and Omeprazole 20mg #90 and 1 range of motion diagnostic. A utilization review determination on 10/14/2014 had non-certified these requests. The stated rationale for the denial of Naproxen was: "The previous three progress reports state improvement with range of motion due to physical therapy. The patient is taking a proton pump inhibitor due to the adverse effects of his medication. There is no subjective or objective evidence that this medication is helping with the patient's pain management. He currently still complains of moderate to severe low back and shoulder pain. Therefore, the request for one prescription of Naproxen 500mg #60 is non-certified." The stated rationale for the denial of Omeprazole was: "Proton pump inhibitors are recommended when the risk of gastrointestinal issues are present from long term use of NSAIDs.... The patient will no longer be using Naproxen due to the lack of subjective and objective evidence on the effectiveness it provides. Therefore, the request for one prescription of Omeprazole 20mg #90 is non-certified." Lastly, the stated rationale for the denial of range of motion testing was: "The patient has had his range of motion evaluated each visit on his lumbar, thoracic, and right shoulder. The need for an additional evaluation that has already been performed is not appropriate. Therefore, the request for one range of motion diagnostic is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Surgical Repair of Rotator Cuff of The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Page(s): 210.

Decision rationale: According to MTUS guidelines, "Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full-thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months." Regarding this patient's case, he was diagnosed with a right rotator cuff tear following an 8/27/2014 work related injury. However, no imaging studies to support (or further evaluate the severity of) this rotator cuff tear diagnosis have been made available. Also, the physical exam findings are not consistent with a severe rotator cuff tear that would require surgery. It should be noted that not all rotator cuff tears are treated surgically. A utilization review physician (who's specialty is noted to be Orthopedics) did not certify this request. At this time, this request must be considered not medically necessary.

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right Shoulder Post Op Physical Therapy 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Referral To General Surgery For Hernia Repair: Overturned

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 Occupational practice medicine guidelines Page(s): 2-3. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004,) Chapter 7,page(s) 127.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Similarly, ACOEM Occupational medicine guidelines also state, "A health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment for an examinee or patient." On review of both sets of guidelines in relationship to this patient's case there is nothing prohibitory in these guidelines to deny the requesting physician a general surgery consultation. It is repeatedly documented throughout the medical records provided that this patient has a left inguinal hernia. Likewise, this request for specialty consultation with a general surgeon is considered medically necessary.

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic treatment considerations, occupational medicine Page(s): 33.

Decision rationale: MTUS/ACOEM guidelines state regarding special studies, "special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Regarding this patient's case, he had an MRI performed of his left knee in 2013. There is no documentation of conservative care and if he has experienced any new injuries/symptoms that might warrant a repeat MRI at this time. Likewise, this request for a left knee MRI is not considered medically necessary.

DME Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Occupational medicine Page(s): 340.

Decision rationale: In accordance with California MTUS guidelines, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Regarding this patient's case, there is no documentation that this brace is being used on one particular knee due to instability or due to anticipated stress under load. There is also no documentation that its use is being combined with a rehabilitation program. Therefore, this request for a knee brace is not considered medically necessary.