

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0199498 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 03/26/2012 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/27/2014 |

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 Orthopedic Surgery, and is licensed to practice in New York. 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 57-year-old female with date of injury of March 26, 2012. The patient is diagnosed with right shoulder rotator cuff tear and impingement syndrome. The patient had shoulder surgery with adhesive capsulitis postoperatively. The patient also has right shoulder a.c. joint arthritis. Surgery was performed on May 15, 2014 for subacromial decompression. On physical examination the patient has limited range of motion and pain in the right shoulder. Physical therapy has been recommended. At issue is whether Prilosec is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 30 x 1cap bottle: 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.

Decision rationale: This patient does not meet establish criteria for Prilosec. Specifically there is no documentation of GI dysfunction or risk factors for GI dysfunction in the medical records. The patient does not have a GI diagnosis that would warrant the use of Prilosec. There is no history of adverse gastrointestinal events. Criteria for Prilosec not met.