

Case Number:	CM14-0202934		
Date Assigned:	12/15/2014	Date of Injury:	07/03/2013
Decision Date:	01/30/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation, has a subspecialty in Pain 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 injured worker is a 69 year-old male with an original date of injury on 7/3/2013. The patient was unloading a decorative rock from a truck and injured the left arm and shoulder. The industrially related diagnoses are revision of rotator cuff repair 5/2014 and status post rotator cuff repair in 2008. The prior treatments include 35 sessions of physical therapy, use of shoulder immobilizer, and home exercise program. The patient has had a shoulder injection without improvement of symptom on an unknown date. An MRI of left shoulder on 1/31/2014 showed abnormal infra and supraspinatus tendons, full thickness tear of suprapinatus tendon approximately 3.3cm medial laterally, prominent articular sided high-grade partial tear of the infraspinatus tendon, suspected bicep tendon tear with retraction proximally, and chronic degeneration of labrum region. The patient is status post rotator cuff and bicep repair, AC joint resection, and SAD on 5/21/2014. The patient's oral medications are omeprazole, diclofenac, and tramadol. The disputed issues are the request for left shoulder MRI, omeprazole 20mg quantity of 60 tablets, Ondansetron 4mg quantity of 60 tablets, and a functional capacity assessment with a specific provider. A utilization review dated 12/3/2014 has non-certified these requests. With regards to the request for left shoulder MRI, The stated rationale for denial was there is no significant change in symptom or findings suggestive of significant pathology. In fact, the patient showed improvement since his surgery, with the only concern being recovery of strength and range of motion. Therefore, the request was non-certified. With regards to omeprazole, the stated rationale for denial was there is no history of gastrointestinal complaints. Therefore, this request is not medically necessary. With regards to the request for Ondansetron, the stated rationale for denial was the Official Disability Guidelines states ondansetron is not recommended for nausea and vomiting relating to chronic opioid or NSAIDs use. Therefore, this request is not medically necessary. With regards to the request for functional capacity evaluation,

the utilization review states the patient has not reached maximum medical improvement. The test is unreliable as it only tests what can be done on a given day, and has very little value in predicting performance at work. Therefore, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder to evaluate for a re-tear: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines further specify imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for sub acute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. A progress note on date of service 9/9/2014 indicates the patient has overall improvement of 60% since his surgery, with better ability to perform daily functions. Physical therapy sessions and home exercise program have continued to help him. Given the patient has responded well to conservative treatment options, it is unclear how an MRI will change the patient's current treatment plan. The patient has already had a left shoulder MRI on 1/31/2014, there is no new documentation of repeat injury that would warrant re-evaluation at this time. In the absence of clarity regarding those issues, the requested left shoulder MRI is not medically necessary.

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, a progress note on date of service 10/14/2014 indicated patient was given omeprazole to reduce gastrointestinal side effects relating to Diclofenac use. Given the documentation of gastrointestinal symptom relating to NSAID use, the requested Omeprazole (Prilosec) is medically necessary.

Ondansetron 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the requested Ondansetron (Zofran) is not medically necessary.

Functional Capacity Assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding Functional Capacity Evaluations (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the

patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. A progress note on 9/14/2014 indicated the patient is about 60% improved with current physical therapy and home exercise program. A progress note on 10/14/2014, the provider ordered a functional capacity evaluation to be completed with a specific provider. There is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of such documentations and the lack of maximum medical improvement, the currently requested Functional Capacity Assessment is not medically necessary.