

Case Number:	CM15-0133448		
Date Assigned:	07/21/2015	Date of Injury:	04/05/2004
Decision Date:	08/18/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on April 5, 2004. She reported pain in her neck, shoulders, elbows and wrists. The injured worker was diagnosed as having degenerative disc disease cervical spine, herniated disc cervical spine multi level, radiculitis bilateral upper extremities/neuropathic pain, lumbosacral radiculitis, low back pain, right rotator cuff tendinitis impingement syndrome, left shoulder tendinitis, left medial epicondylitis and right long finger and thumb trigger finger. Treatment to date has included diagnostic studies, injections with very little relief, therapy with temporary relief, surgery and medications. On June 24, 2015 the injured worker complained of moderate intermittent pain in her shoulders. She also continued to have severe neck pain that is aggravated by movement and improved with rest and medications. The treatment plan included post-operative aggressive physical therapy three times six weeks and medications. On July 3, 2015, Utilization Review modified a request for post-op physical therapy visits #18 and retrospective Omeprazole 20 mg #60 to post-op physical therapy visits #6 and retrospective Omeprazole 20 mg #30, citing California MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy visits quantity 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

Decision rationale: The claimant has a remote history of her work injury occurring in April 2004. She underwent a right shoulder manipulation under anesthesia with injection on 05/14/15 with 18 post-p physical therapy treatments requested. She was evaluated for postoperative physical therapy on 05/26/15. When seen, she was having moderate to severe neck pain and ongoing intermittent shoulder pain. There was pain with cervical spine range of motion and paraspinal tenderness with muscle spasms. There was decreased right upper extremity sensation. There was pain with right shoulder range of motion with shoulder tenderness and decreased strength. An additional 18 sessions of physical therapy was requested. Diclofenac ER and omeprazole were prescribed. She was released to unrestricted part-time work. Guidelines recommend up to 24 physical therapy treatments over 14 weeks after the surgery that was performed, although goals can usually be achieved with fewer visits than the maximum recommended. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing additional skilled physical therapy services in excess of the number required would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. In this case, the number of treatments already provided was not documented when the request was made. The number of treatments being requested appears excessive and the request itself does not reflect a fading of treatment frequency and is not considered medically necessary.

Retrospective (DOS 6/24/15) Omeprazole 20mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant has a remote history of her work injury occurring in April 2004. She underwent a right shoulder manipulation under anesthesia with injection on 05/14/15 with 18 post-p physical therapy treatments requested. She was evaluated for postoperative physical therapy on 05/26/15. When seen, she was having moderate to severe neck pain and ongoing intermittent shoulder pain. There was pain with cervical spine range of motion and paraspinal tenderness with muscle spasms. There was decreased right upper extremity sensation. There was pain with right shoulder range of motion with shoulder tenderness and decreased strength. An additional 18 sessions of physical therapy was requested. Diclofenac ER and omeprazole were prescribed. She was released to unrestricted part-time work. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The

claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.