

Case Number:	CM15-0191653		
Date Assigned:	10/05/2015	Date of Injury:	06/04/2014
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 30 year old female, who sustained an industrial injury on 6-4-14. Current diagnoses or physician impression includes right shoulder tendinitis, right shoulder acromioclavicular joint pain and possible right shoulder SLAP lesion. Her work status is temporary total disability. A note dated 8-18-15 reveals the injured worker presented with complaints of constant, severe right shoulder pain that radiates into her neck, shoulder, elbow, arm, hand and fingers and is rated at 10 out of 10. She reports swelling, clicking, locking, tingling, burning, popping, grinding, stiffness, stabbing pain, weakness, warmth, giving way and numbness. The symptoms are increased by repetitive use and decreased with heat, ice, elevation and rest. A physical examination dated 8-18-15 revealed "subacromial tenderness anteriorly, laterally and posteriorly over the acromioclavicular joint and anterior joint line". Tenderness is noted at the right upper trapezius. There is a positive "impingement and supraspinatus" sign on the right as well as positive "acromioclavicular joint compression" test. Treatment to date has included medication and a right carpal tunnel release. The request for authorization dated 8-25-15 for consultation for possible right shoulder arthroscopy, 8 additional post-operative physical therapy visits for the right wrist (2x4) and Prilosec 20 mg #30 are non-certified, per Utilization Review letter dated 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for Possible Right Shoulder Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92 Shoulder chapter and pg 12.

Decision rationale: According to the guidelines, Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. The claimant was previously seen by Orthopedics surgeon who managed the claimant's wrist and recommended evaluation for shoulder arthroscopy by another orthopedic surgeon. In this case, due to persistent painful shoulder and prior abnormal findings on MRI, a consultation for possible arthroscopy with an orthopedic surgeon is medically necessary.

8 Additional Post-Op Physical Therapy Visits for the Right Wrist, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: According to the guidelines, physical therapy for 2-5 visits in the 1st month of carpal tunnel surgery is recommended. In this case, the claimant completed an unknown amount of therapy. The surgery was 5 months prior. There is no indication that additional therapy cannot be completed at home. The request for an additional 8 sessions of therapy is not medically necessary.

Prilosec 20mg once a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.