

Case Number:	CM15-0193333		
Date Assigned:	10/07/2015	Date of Injury:	12/16/2008
Decision Date:	12/22/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female who sustained an industrial injury 12-16-08. A review of the medical records reveals the injured worker is undergoing treatment for right shoulder pain and dysfunction, status post right shoulder surgery, as well as cervical and lumbar strain. Medical records (08-12-15) reveal the injured worker complains of right shoulder pain rated at 6- 8/10 without mention of medication. She also complains of low back and neck pain rated at 8/10. The physical exam (08-12-15) reveals right shoulder, lumbar and cervical spine tenderness, as well as decreased range of motion in the right shoulder. Prior treatment includes 26 sessions of physical therapy in 2014, medications, an additional 18 sessions of physical therapy, and right shoulder surgery. The treating provider reports that physical therapy has increased the lumbar spine range of motion, hand use, decreased pain, and that she is no able to wash her hair and walk greater than a city block. She also reports improved sleep. The physical therapy evaluation (07-27-15) recommended 24 sessions of physical therapy. The original utilization review (09-04-15) non certified the request for 6 additional sessions of physical therapy to the right shoulder, a range of motion test, Omeprazole 20mg #60, and Tramadol 50mg #30. There is no discussion of the range of motion testing. The injured worker has been on Tramadol and omeprazole since at least 05-06-15. The treating provider does not address the gastrointestinal tract on any notes between 05-06-15 and 08-02-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the right Shoulder 2X3 #6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Range of Motion Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: ACOEM discusses recommendations for documenting a history and physical examination and subsequent specialized assessment of a work injury. A history and directed physical examination are an appropriate part of almost any work injury. Range of motion testing is part of a routine musculoskeletal physical examination and is not a distinct certifiable procedure. This request is not medically necessary.

Omeprazole 20 Mg # 60: Upheld

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

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

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.

Tramadol 50 Mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.