

<b>Case Number:</b>	CM15-0220543		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 34 year old female who sustained an industrial injury on 5-28-2014. A review of medical records indicated the injured worker is being treated for right shoulder impingement. Medical records dated 10-7-2015 noted right shoulder pain. There was increased pain with prolonged carrying. Pain scale was not available. Physical examination noted impingement to the right shoulder. There was a positive Speeds test, Hawkins, and Neer's. Treatment has included over the counter medication. Utilization Review form dated 10-27-2015, modified physical therapy for the right shoulder, and non-certified cortisone injection with ultrasound guidance for the right shoulder and Duexis 800-26.6mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for her diagnosis; however, it is clear from the medical records that she has had previous physical therapy (8 visits authorized in 2014) and had been authorized for 6 additional visits in 2015. Therefore, she should have been able to execute a home exercise program, so the request for physical therapy 2 times a week for 4 weeks for the right shoulder is not medically necessary and appropriate at this time.

**Cortisone injection with ultrasound guidance for the right shoulder:** 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), Shoulder Chapter-Injections.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

**Decision rationale:** According to the cited CA MTUS, corticosteroid injections may be indicated for impingement syndrome after conservative therapy for 2 to 3 weeks. The total number of injections in such cases is limited to three per episode. The cited ODG further states that diagnoses may include adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder, and that the injured worker's pain is uncontrolled following 3 months of conservative therapies. In the case of this injured worker, treating provider notes through 10-7-2015 state that she had previous physical therapy, but had not been seen for months prior to the recent visit. During that time, it is unclear how often she was using OTC Advil or any other NSAIDS for pain control. Therefore, since it is not well documented that the injured worker failed conservative measures, the request for cortisone injection with ultrasound guidance for the right shoulder is not medically necessary and appropriate and this time.

**Duexis 800/26.6mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter-Duexis; FDA (Duexis).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duexis (ibuprofen & famotidine).

**Decision rationale:** Per the cited ODG, Duexis (ibuprofen & famotidine) is not recommended as a first-line medication due to less benefit with higher cost. According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as omeprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. Therefore, the request for Duexis 800/26.6mg #90 with 2 refills is not medically necessary and appropriate.