

Case Number:	CM15-0056202		
Date Assigned:	04/16/2015	Date of Injury:	06/23/2011
Decision Date:	06/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/24/2015

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, Arizona

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 65 year old female with an industrial injury dated June 23, 2011. The injured worker is diagnosed with right shoulder acromioclavicular joint degenerative joint disease and right shoulder rotator cuff disease. She has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 02/23/2015, the injured worker reported right shoulder pain. Objective findings revealed positive impingement and positive tenderness to palpitation of acromioclavicular joint. The treating physician prescribed Prilosec, Vicodin, ultrasound of right shoulder, and Doppler of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Vicodin #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 07/2014. There was no documentation of objective functional improvement. There was no evidence of a failure of nonopioid analgesics. There was no documentation of a written consent or agreement for chronic use of an opioid. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically necessary.

Ultrasound right shoulder per 4/1/14 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Official Disability Guidelines recommend diagnostic ultrasound as indicated. Ultrasound may be more cost effective in a specialist hospital setting for identification of a full thickness rotator cuff tear. Either MRI or ultrasound could equally be used for detection of a full thickness rotator cuff tear. In this case, the injured worker underwent an MRI of the right shoulder on 01/07/2014. The medical necessity for an ultrasound has not been established in this case. There was no evidence of a worsening or progression of symptoms or examination findings. The medical rationale was not provided within the documentation submitted. There was no comprehensive physical examination of the right shoulder provided. Given the above, the request is not medically necessary.

Ultrasound right shoulder per 5/6/14 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Official Disability Guidelines recommend diagnostic ultrasound as indicated. Ultrasound may be more cost effective in a specialist hospital setting for identification of a full thickness rotator cuff tear. Either MRI or ultrasound could equally be used for detection of a full thickness rotator cuff tear. In this case, the injured worker underwent an MRI of the right shoulder on 01/07/2014. The medical necessity for an ultrasound has not been established in this case. There was no evidence of a worsening or progression of symptoms or examination findings. The medical rationale was not provided within the documentation submitted. There was no comprehensive physical examination of the right shoulder provided. Given the above, the request is not medically necessary.

Doppler right shoulder per 5/6/14 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Arterial ultrasound TOS testing.

Decision rationale: The Official Disability Guidelines recommend arterial evaluation using a Doppler ultrasound when assessing for thoracic outlet syndrome. In this case, there was no indication that this injured worker demonstrates any signs or symptoms suggestive of thoracic outlet syndrome. The medical necessity for a Doppler ultrasound has not been established in this case. Given the above, this request is not medically necessary.