

Case Number:	CM14-0126370		
Date Assigned:	09/05/2014	Date of Injury:	08/30/2007
Decision Date:	10/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year-old female who reported an injury on 08/30/2007. The mechanism of injury was not provided for the review. The diagnoses included left shoulder impingement, left shoulder sprain/strain, and superior glenoid labrum sprain/strain. Past treatments included conservative care, physical therapy, and medications. There were no diagnostic studies provided for the review. The injured worker underwent left shoulder surgery on an unknown date. It was noted on 06/25/2014 that the injured worker reported left shoulder pain. The physical examination findings included range of motion of the left shoulder was flexion was 150 degrees, extension was 40 degrees, abduction was 110 degrees, adduction was 25 degrees, internal rotation was 60 degrees, and external rotation was 70 degrees. The left shoulder was positive for acromioclavicular crepitus. Medications included tylenol and prilosec. The treatment plan was for physical therapy, a functional capacity evaluation and prilosec 20mg #60. The rationale and Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20mg #60 is not medically necessary. The California MTUS guideline state that proton-pump inhibitors may be recommended for patients taking NSAIDs who have been shown to have gastrointestinal and/or cardiovascular risk factors, or for those with complained of dyspepsia related to NSAID use. The injured worker underwent a left shoulder surgery and has a history of left shoulder pain. The injured worker has been treated with conservative care, physical therapy, and medications. The injured worker was previously treated with NSAIDs and the use of prilosec was recommended. The medical record indicated that the injured worker was no longer taking an NSAID. There was also a lack of documentation reflecting gastrointestinal symptoms or upset, to support the need for a proton-pump inhibitor. Additionally, the request as submitted does not provide the frequency for the medication. Given that the injured worker is no longer taking an NSAID, along with a lack of documentation reflecting gastrointestinal issues, and the request as submitted did not provide the frequency for the medication, the request is not warranted. As such the request is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Fitness for Duty Procedure Summary, updated 5/12/2014, Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for a functional capacity evaluation is not medically necessary. The The California MTUS/ACOEM Guidelines state that functional capacity evaluations may be indicated to clearly establish an injured worker's functional status and ability to return to work. The injured worker underwent a left shoulder surgery and has a history of left shoulder pain. The injured worker has been treated with conservative care, physical therapy, and medications. There is a lack of documentation within the medical record reflecting the injured worker's functional status in the performance of activities of daily living, failed attempts of returning to work, medication efficacy in providing pain relief, or self-reports of further impairment or improvement. Given this lack of documentation regarding the rationale for the request over standard measures of function, the request is not supported. As such the request is not medically necessary.