

Case Number:	CM14-0160100		
Date Assigned:	10/03/2014	Date of Injury:	03/13/2011
Decision Date:	11/04/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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:

This 48 year old male patient had a date of injury on 3/13/2011. The mechanism of injury was not noted. On a progress note dated 7/29/2014, the patient complains of low back and shoulder pain rated 7/10. He has completed 24 sessions of physical therapy, and he stretches and exercises at home. He is not working, and reports that kneeling, walking, and sitting aggravate his symptoms. On a physical exam dated 7/29/2014, the range of motion is restricted due to pain. Manual muscle testing revealed 4/5 strength with flexion, extension, abduction, adduction, internal rotation, and external rotation. The diagnostic impression shows right shoulder impingement syndrome, right shoulder full thickness rotator cuff tear, two and months status post right shoulder surgery. Treatment to date, medication therapy, behavioral modification, right arthroscopic surgery on 5/15/2014, a UR decision dated 9/2/2014 denied the request for Anaprox 550mg, stating there was no documented functional improvement noted from this medication. Prilosec 20mg was denied, stating no evidence of gastrointestinal complaints and the Anaprox was denied. Norco 10/325 was denied, stating no objective functional improvement was noted from this opioid. Post-op physical therapy 3x6 for right shoulder was denied, stating this patient has already completed 24 post op sessions, and there is no reason this patient cannot participate in a home exercise program. Transportation to PT and Doctor's appointments was denied, stating no evidence of significant physical limitation or intense pain that impairs claimant's mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, in a progress note dated 7/29/2014, there was no evidence of objective functional improvement noted from the analgesic regimen. Furthermore, there was no quantity provided in this request. Therefore, the request for Anaprox 550 was not medically necessary.

Prilosec 20mg: Upheld

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

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

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the 7/29/2014 progress report, there was no evidence that this patient suffered from gastrointestinal events. Furthermore, the NSAID Anaprox was denied by the UR decision dated 9/2/2014. Therefore, the request for Prilosec 20mg was not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

However, in the 7/29/2014 progress report, there was no documented functional improvement noted from the opioid regimen. Furthermore, there was no quantity provided in this request. Therefore, the request for Norco 10/325 was not medically necessary.

Post-Op Physical Therapy 3 x 6, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114; Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 24 visits over 10 weeks for the postoperative arthroscopic surgery of the shoulder. However, in the 7/29/2014 progress report, the patient has completed 24 post-operative physical therapy sessions, and there was no rationale provided regarding the medical necessity of sessions beyond the recommended 24 visits. Furthermore, it was unclear why this patient could not transition into a home exercise program. Therefore, the request for post-op physical therapy 3x6 right shoulder was not medically necessary.

Transportation to PT and Doctor's Appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter

Decision rationale: CA MTUS does not address this issue. ODG states that transportation to and from medical appointments is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. However, in the 7/29/2014 progress report, there was no evidence that this patient has a disability that would prevent him from self-transporting himself. Therefore, the request for transportation to PT and doctors appointments was not medically necessary.