

Case Number:	CM14-0080943		
Date Assigned:	09/10/2014	Date of Injury:	09/10/1996
Decision Date:	10/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Medicine 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:

The injured worker is a 68 year old female who has a date of injury of 01/19/1996. Per the clinical record, the injured worker sustained injuries to the right shoulder, bilateral knees, neck and low back as a result of a fall. Per most recent clinical notes, the injured worker has persistent bilateral shoulder and low back pain with radiation into the right lower extremity. She has complaints of right knee pain. Current medication profile includes Amlodipine 10 mg, Levoxyl 0.112 mg, Livolo 2mg, Omeprazole 40 mg, and Tramadol 50 mg. On physical examination she is reported to be in no apparent distress. Range of motion of the right shoulder is reduced. There is tenderness to palpation over the right knee. Patrick's and Faber's tests are positive. There is tenderness over the L4-5, L5-S1 facet joints bilaterally. Straight leg raise testing was reported to be positive. Per clinical note dated 05/08/14, the injured worker has recurrent rotator cuff arthropathy and tears involving the right shoulder despite two prior attempted repairs. She most likely will require total shoulder arthroplasty. The record contains a utilization review determination dated 05/05/14 in which requests for physical therapy x 10 sessions at 2 times per week, Tramadol 50 mg #90, and Omeprazole 40 mg #30 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x10 sessions at 2x week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for physical therapy x 10 sessions at 2 times per week is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic medical conditions. She is noted to have undergone multiple surgeries to the shoulders with no substantive improvement. The injured worker has undergone postoperative rehabilitation for the shoulders. Clinical notes reflect that additional physical therapy was stopped due to the potential for re-tear. The injured worker is noted to have chronic low back pain with radiation into the lower extremity which has previously been treated with therapy. The record provides no compelling data that would suggest that additional physical therapy would result in any substantive improvement, and therefore, medical necessity is not established.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The request for Tramadol 50 mg #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic medical conditions which include bilateral shoulder pain, low back pain with radiation to the lower extremities that have chronically been treated with opioids. The record provides no indication that the injured worker has a signed pain management contract. There is no documentation of functional benefit from the chronic use of this medication; therefore the request is not medically necessary.

Omeprazole 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68.

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

Decision rationale: The request for Omeprazole 40 mg #30 is not supported as medically necessary. The submitted clinical records provide no data which indicates that the injured worker has medication induced gastritis for which this medication would be indicated. As such, medical necessity for the continuation of this medication has not been established.