

Case Number:	CM15-0012574		
Date Assigned:	01/30/2015	Date of Injury:	12/28/2013
Decision Date:	05/21/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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 42 year old female with an industrial injury dated 05/21/2013 - 12/28/2013. The mechanism of injury was not specifically stated. Prior treatment includes MRI done on 09/22/2014 showing straightening of the cervical lordosis and 1 mm posterior cervical 3-4 and cervical 6-7 disc bulges noted. Other tests were EMG/NCV and ultrasound right and left shoulder on 10/07/2014 read as normal. Other treatment included physical therapy, pain medications, activity modifications and 2 subacromial cortisone injections. On 12/15/2014, the injured worker presented for follow up evaluation with complaints of right shoulder pain. Physical exam revealed 120 degrees forward flexion and abduction, 80 degrees internal rotation, and 75 degrees external rotation. Diagnoses were cervical sprain/strain, lumbar sprain/strain, right shoulder internal derangement, and left shoulder sprain/strain. The provider recommended a refill of the current medication regimen, a urine toxicology test, and a TENS unit. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1-month home based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. In this case, there was no documentation of chronic intractable pain with a failure of appropriate pain modalities including medication. There was also no documentation of a successful 1-month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.

Follow-up Orthopedic visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician follow-up generally occurs when a release to modified, increased, or full activity is needed or after appreciable healing or recovery can be expected. In this case, the injured worker is followed by a primary treating physician who is also an orthopedist. The necessity for the involvement of a second orthopedic specialist has not been established in this case. Given the above, the request is not medically appropriate.

Range of Motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. There are no clinical indications to support the necessity for range of motion testing. The medical necessity for specific range of motion testing beyond standard testing that is considered part of the office visit and examination has not been established. Given the above, the request is not medically appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89, Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, there was no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker has utilized ibuprofen since at least 09/2014. The guidelines do not support long-term use of NSAIDs. There was also no strength, frequency, or quantity listed in the request. As such, the request is not medically appropriate.

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: 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, strength, frequency or quantity listed in the request. As such, the request is not medically appropriate.