

Case Number:	CM15-0022432		
Date Assigned:	02/12/2015	Date of Injury:	06/02/2014
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 23 year female who sustained an industrial injury on June 11, 2014. She has reported pain to the left shoulder and has been diagnosed with sprain of shoulder and upper arm, left shoulder impingement syndrome and left shoulder pain. The radiological reported of the left shoulder showed tendinosis of the supraspinatus and infraspinatus tendons. There were objective findings of decreased range of motion and tenderness to palpation of the left shoulder. Treatment has included steroid injections, medication, physical therapy, and occupational therapy. Currently the injured worker is experiencing severe pain at the right shoulder. The treatment plan included medication management. The medication listed is Ibuprofen. There was no documentation of subjective, objective findings or diagnosis related to the pulmonary system. On January 26, 2015 Utilization Review non certified albuterol (PROAIR HFA) 108 (BASE) MCG/ACT oral inhaler and Fluticasone (FLONASE) 50 mcg nasal suspension citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Albuterol (PROAIR HFA) 108 (BASE) MCG/ACT oral inhaler: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter-ShoulderPulmonary.

Decision rationale: The CA MTUS did not address the use of inhalers in the treatment of pulmonary disease. The ODG guidelines recommend that bronchodilators and steroid inhalers can be utilized for the treatment of bronchoconstrictive pulmonary disease such as asthma. The records indicate that the patient had subjective, objective and radiological findings consistent with diagnoses of left shoulder tendinitis. The patient is utilizing NSAIDs for the treatment of chronic left shoulder pain. The guidelines do not recommend the chronic use of NSAIDs in patients with significant bronchoconstrictive disease. There is no documentation of subjective or objective findings related to the use of the bronchodilator or steroid inhalers. The criteria for the use of Albuterol (PROAIR HFA)108 (BASE) MCG/ACT oral inhaler was not met.

Fluticasone (FLONASE) 50mcg nasal susp: Upheld

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

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

Decision rationale: The CA MTUS did not address the use of nasal medications in the treatment of respiratory disease. The ODG guidelines recommend that bronchodilators and steroid inhalers can be utilized for the treatment of bronchoconstrictive pulmonary disease and nasal congestion. The records indicate that the patient had subjective, objective and radiological findings consistent with diagnoses of left shoulder tendinitis. The patient is utilizing NSAIDs for the treatment of chronic left shoulder pain. The guidelines do not recommend the chronic use of NSAIDs in patients with significant bronchoconstrictive or nasal congestion disease. There is no documentation of subjective or objective findings related to the use of the bronchodilator or nasal steroid medications. The criteria for the use of Flonase 50mcg nasal suspension was not met.