MAXIMUS Federal Services

Case Number:	CM15-0079253		
Date Assigned:	04/30/2015	Date of Injury:	02/27/2004
Decision Date:	06/03/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on February 27, 2004. The injured worker was diagnosed as having cervical discectomy and fusion, right shoulder decompression and lumbar and hip sprain/strain. Treatment and diagnostic studies to date have included surgery and medication. A progress note dated March 11, 2015 provides the injured worker complains of right shoulder pain that is increased and rated 8-9/10. She also has low back pain radiating down the right leg to the foot. She rates it 6-7/10. Physical exam notes tenderness of the right shoulder with decreased range of motion (ROM) and positive impingement. There is lumbar tenderness and decreased range of motion (ROM). The plan includes medication and durable medical equipment (DME).

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 2 refills: Upheld

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

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

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Ibuprofen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no trial of acetaminophen. Although the short-term use of Ibuprofen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with insufficient documentation of benefit after having already been on the medication for an extended period of time. The request is not medically necessary.

CPM machine/kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Continuous Passive Motion.

Decision rationale: Continuous passive motion is not recommended for shoulder rotator cuff problems but is recommended as an option for adhesive capsulitis for up to 4 weeks/5 days per week. This worker has a history of previous shoulder surgery and prolonged loss of mobility. Although frozen shoulder can occur secondary to rotator cuff problems and prolonged loss of mobility, this additional diagnosis is not provided in the medical record nor is the physical exam sufficient to indicate this. A loss of active range of motion is documented but there is no documentation of a loss of passive range of motion. In the absence of a diagnosis of adhesive capsulitis or exam suggesting this in addition to the underlying rotator cuff pathology, continuous passive motion cannot be considered medically necessary.