

<b>Case Number:</b>	CM13-0004516		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 39 year-old male who reported injury on 05/17/2012 secondary to a fall. The injured worker complained of intermittent pain to the neck and right shoulder with reduced range of motion. The pain radiated into the bilateral upper extremity with associated numbness and tingling. The injured worker also complained of right elbow pain that was intermittent and was worse with lifting, lumbar spine pain that was constant and radiated to the upper back and down the bilateral legs that increased with walking for more than 15 to 20 minutes, weakness to both legs, and right knee pain and swelling status post arthroscopic surgery. Examination on 06/20/2013 of the cervical spine revealed tenderness to palpation over the bilateral trapezius, right greater than left. There was tenderness to palpation of the right shoulder over the superior and anterior aspects and tenderness to palpation over the lumbosacral midline and bilateral buttocks of the left spine with bilateral hamstring tightness also noted. There was tenderness to palpation over the right patella tendon, lateral joint line, and mild quadriceps atrophy. His gait was slightly antalgic on the right. He had an MRI of the cervical spine, right shoulder, and right knee done. His diagnoses were cervical spine sprain/strain with myofasciitis, cervical spine modest bilateral intervertebral foraminal compromise at C5-6, right shoulder sprain/strain with myofasciitis, right shoulder coracoacromial impingement and multiplicity of intrasubstance delamination partial tears of the main body and anterior leading edge of the SST, right elbow sprain/strain, right upper extremity paresthesias, lumbar spine sprain/strain with radiculitis, right knee sprain/strain, right knee lateral patella compression and chondromalacia lateral patellofemoral articulation, malacic tear of the central attachment posterior horn lateral meniscus, and finely marginated horizontal cleavage tear meniscocapsular junction to the inferior articular surface of the body of the median meniscus. His past treatments included physical therapy, acupuncture, cortisone injection of the right shoulder, oral medications, and a home

exercise program. His medications were Ibuprofen 800 mg and Prilosec 20 mg. The request for authorization form was signed and dated 07/10/2013. There is no rationale for the request for Prilosec 20 mg #30, 12 physical therapy visits for right knee, and 12 chiropractic treatments for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PRILOSEC 20MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms & Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms & Cardiovascular Risks Page(s): 68.

**Decision rationale:** The injured worker complained of intermittent pain to the neck and right shoulder with reduced range of motion. The California MTUS Guidelines recommend the use of proton-pump inhibitors (PPI) if there is a history of gastrointestinal bleeding or perforations, prescribed high dose of NSAIDs, and a history of peptic ulcers. There is also a risk with long term utilization of PPI (greater than 1 year) which has been shown to increase the risk of hip fractures. There is a lack of documentation to support the need for the use of a PPI. The injured worker was taking Ibuprofen 800 mg for pain; however, there is no documentation of how often he was taking the Ibuprofen, any gastrointestinal upset, or disease. There was a lack of risk factors documented to meet guideline criteria and there was a lack of efficacy of the medication to supported continuation. In addition the request did not indicate the frequency. Therefore, the request for Prilosec 20 mg #30 is not medical necessary.

#### **12 PHYSICAL THERAPY VISITS FOR RIGHT KNEE: Upheld**

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

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

**Decision rationale:** The injured worker complained of weakness to both legs and right knee pain and swelling. His past treatments included physical therapy for the right knee. The California MTUS Guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without a chemical assistance or resistance in functional activities with assistive devices. The Guidelines also recommend for physical medicine to allow for fading of treatment frequencies from up to 3 visits per week to 1 or less, plus self-directed home physical medicine, for myalgia

and myositis unspecified is 9 to 10 visits over 8 weeks. The progress note on 06/28/2013 indicated he had previous physical therapy sessions for the right knee; however, there is a lack of clinical information indicating the amount of sessions and if the injured worker had any improvements. The request also exceeds guideline recommendations. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. Therefore, the request is not medically necessary.

## **12 CHIROPRACTIC TREATMENTS FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The injured worker complained of lumbar spine pain that was constant and radiated to the upper back and down to both legs that increased when walking for more than 15 to 20 minutes. His past treatments included acupuncture, home exercise program, and oral medications. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement to facilitate progression in the patient's therapeutic exercise program and return to productive activities. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks are recommended. According to the documentation provided, the injured worker was previously approved for 12 chiropractic treatments; however, his response to the prior treatment was not provided to support additional sessions and the current request would exceed guideline recommendations. Therefore, the request for 12 chiropractic treatments for the lumbar spine is not medically necessary.