

Case Number:	CM13-0007106		
Date Assigned:	12/18/2013	Date of Injury:	11/04/2012
Decision Date:	10/24/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/05/2013

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 Orthopaedic Surgery 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:

This 57-year-old male custodian sustained an industrial injury on 11/04/12 relative to work activities. Past medical history was positive for hypertension and the patient was a current smoker. The 1/14/13 bilateral upper extremity EMG/NCV findings were consistent with bilateral carpal tunnel syndrome. Records indicated that the patient was diagnosed with cervical spine strain, cervical radicular syndrome, bilateral rotator cuff tendonitis, bilateral shoulder impingement syndrome with degenerative joint disease, bilateral shoulder girdle strain, bilateral carpal tunnel syndrome, and cervical degenerative disc and joint disease with disc protrusions at C3/4, C4/5, C5/6, and C6/7. A trial of chiropractic treatment was prescribed on 2/20/13 for 12 visits. Chiropractic treatment records indicated that the patient had completed 9 visits as of 5/8/13. Six additional chiropractic visits were certified on 5/15/13 to allow for completion of treatment and transition to a home exercise program. A review of the progress reports from 5/15/13 to 7/3/13 did not reflect a progressive clinically significant improvement in subjective and objective findings. There was no significant change in range of motion or strength. The patient was reportedly participating in an aggressive exercise program along with chiropractic treatment. He reported some flare-ups with work activities but remained at full duty status. The 7/8/13 treating physician prescribed continued chiropractic/physiotherapy treatment. There was no pain or functional assessment documented that specified a functional deficit or treatment goal to be addressed by continued chiropractic treatment. The 7/8/13 utilization review denied the request for chiropractic/physiotherapy as passive modalities are not supported by guidelines and there was no documentation of musculoskeletal deficits or barriers to performance to support the medical necessity of additional supervised rehabilitation over an independent home exercise program. The request for Protonix was denied as there was no documentation of current gastrointestinal symptoms, risk factors for gastrointestinal bleeding, or prior treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO-PHYSIOTHERAPY 2 TIMES A WEEK FOR 6 WEEKS: 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): 203, Chronic Pain Treatment Guidelines Manual therapy and manipulation, page(s) 58, Physical medicine Page(s): 9, 98-99.

Decision rationale: The California MTUS guidelines support chiropractic manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement. Guidelines do not recommend manipulative treatment of carpal tunnel syndrome. Treatment of shoulder disorders is supported for adhesive capsulitis and limited to a few weeks. Guidelines state that 4 to 6 treatments allow time to produce an effect. If there is evidence of objective functional improvement with initial care and documentation of residual functional deficits, additional chiropractic treatment may be supported to a total of 18 visits. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met for continued chiropractic/physiotherapy treatment. Records suggest that chiropractic treatment had been approved for at least 15 visits. There was no evidence of objective measurable functional improvement over the course of therapy. There is no specific functional treatment goal to be addressed by additional chiropractic/physiotherapy treatment. There is no compelling reason to support the medical necessity of continued supervised therapies over an independent home exercise program. Therefore, this request is not medically necessary.

PROTONIX 20 MG, #30: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) contains no mention of the use of proton-pump inhibitors, such as Protonix, for any condition other than chronic pain when the patient is also being prescribed non-steroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal events and indicate these medications should be used at the lowest dose for the shortest possible amount of time. Protonix is recommended as a second-line medication if a trial of omeprazole is not effective. MTUS gastrointestinal risk factors include

age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Guideline criteria for intermediate gastrointestinal risk factors have not been met. There is no documented history of gastrointestinal symptoms or events. There is no indication that a trial of omeprazole had been provided and was not effective. Therefore, this request is not medically necessary.