

Case Number:	CM13-0017996		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2005
Decision Date:	03/12/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 59-year-old female who reported an injury on 12/23/2005. The patient is diagnosed with trapezial, paracervical, and parascapular strain, bilateral lateral epicondylitis, bilateral forearm tendonitis, left radial tunnel syndrome, rule out cervical arthrosis, status post left thumb and long trigger finger releases, status post right thumb, index, long, and ring trigger finger releases, status post right radial tunnel release, status post bilateral carpal tunnel releases, and status post bilateral ASAD. The patient was seen by [REDACTED] on 08/05/2013. The patient reported increasing pain in her lateral elbows and left upper back. Physical examination revealed parascapular tenderness on the left and mild lateral epicondylar tenderness bilaterally with diminished grip strength. Treatment recommendations included occupational therapy twice per week for the next 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG) Forearm, Wrist & Hand, Physical Therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in occupational therapy. However, documentation of significant functional improvement following the initial course was not provided. The patient continued to report pain in the forearm and lateral epicondyle with no change in the patient's grip strength. Without documentation of objective measurable improvement, the current request cannot be determined as medically appropriate. Additionally, the request for 12 occupational therapy sessions exceeds guideline recommendations. As such, the request is non-certified

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20.

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. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

Terocin lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113..

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Additionally, the patient continues to report persistent pain despite ongoing use of this medication. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.