

Case Number:	CM13-0031965		
Date Assigned:	12/04/2013	Date of Injury:	07/31/2011
Decision Date:	04/29/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/04/2013

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 Occupational Medicine 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:

The patient is a 54-year-old female who was injured on 07/31/2011, after she slipped and fell. The prior treatment history has included physical therapy, chiropractic treatment, electrical stimulation and the following medications: Anaprox DS, Prilosec, Fexmid, Terocin, Tramadol, Omeprazole, and Tizanidine. The diagnostic studies reviewed include an MRI of the right knee dated 04/05/2013, with the following findings: an oblique tear of the posterior horn of the medial meniscus extending to the undersurface of this structure; and chondromalacia of the lateral articular margin of the patella with subchondral defect measuring 1 cm in size. An MRI of the right ankle dated 04/03/2013 reveals joint effusion of the tibiotalar joint and fluid surrounding the flexor hallucis longus tendon, at the level of the ankle joint, which may represent tenosynovitis of this structure. An MRI of the lumbar spine dated 04/01/2013 reveals L2-3 disc space shows Schmorl's node of the superior endplate of L3, and L4-5 disc space shows normal signal and stature and central disc protrusion by approximately 1 mm with ventral narrowing of the spinal canal and mild narrowing of the left lateral recesses; the right lateral recess is patent. An electromyography/nerve conduction velocity (EMG/NCV) dated 03/26/2013 reveals an abnormal nerve conduction study (NCS), showing right mild compression of the median nerve at the carpal tunnel by electrodiagnostic criteria. The EMG was normal. An MRI of the right wrist dated 03/23/2013 reveals: Increased signal beneath the transverse retinaculum near the median nerve which may represent carpal tunnel syndrome; Subchondral cyst formation of the central portion of the capitate bone, 2 in number, measuring 3 mm and 4 mm in size, and triquetrum bone measuring 2 mm in size; Joint effusion around the distal ulna; and Tear of the triangular fibrocartilage near the ulnar attachment site. An MRI of the right shoulder dated 03/23/2013 reveals: Evidence of impinging with down sloping of the acromion process impinging on the supraspinatus tendon in the rotator cuff; Tear of the supraspinatus tendon, at the insertion site,

with fluid in the subacromial-subdeltoid bursa indicating a full thickness tear; and Tear of the tip of the superior glenoid labrum. An MRI of the lumbar spine dated 12/02/2012 reveals: Straightening of the lumbar spine, which may be positional or related to spasm; and Mild height loss noted in the superior endplate of L3, without evidence of edema to suggest an acute process. An orthopedic re-evaluation dated 08/21/2013, documented the patient to have complaints of intermittent moderate pain in her back and right shoulder, with radiating symptoms. The pain is worse with lifting and reaching. The patient reports having difficulty sleeping due to her pain. The medications help temporary to relieve her pain. The objective findings on examination of the lumbar spine reveal mild tenderness to palpation about the paralumbar musculature. There is muscle spasms noted. There is slightly restricted range of motion due to complaints of discomfort and pain. An examination of the right ankle/foot reveals tenderness to palpation noted diffusely. There is weakness noted in the ankle. The current diagnoses include: Right shoulder rotator cuff tendinitis/bursitis, Bilateral wrist/hand sprain/strain, Bilateral wrist/hand contusion, Thoracic and lumbar spine strain/sprain, Right knee sprain/strain, and Right ankle/foot strain/sprain. The treatment plan indicated "I would like to request authorization for chiropractic treatment at a rate of twice a week for four weeks. She was prescribed Ketoprofen 75 mg #60 and omeprazole 20 mg #60."

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TWICE A WEEK FOR FOUR (4) WEEKS QTY:8.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The Chronic Pain Guidelines state that chiropractic manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. According to the medical records, prior treatment for this patient has included chiropractic care. The records available for review do not document when the patient last received chiropractic treatment or detail her response to the previous course treatment, such as documentation supporting that prior chiropractic lead to a reduction in pain, medication use, and increased function. The Orthopedic re-evaluation dated 08/21/2013, documented the patient to have complaints of intermittent moderate pain in her back and right shoulder, with radiating symptoms, worse with lifting and reaching, and difficulty sleeping due to pain. The medications provide temporary relief. An examination revealed tenderness and slightly restricted range of motion (ROM). The medical records do not indicate that the patient presents with a flare-up or exacerbation of her chronic complaint, to support one to two (1-2) sessions of additional chiropractic care at this time. Elective care is not considered medically necessary. The medical necessity has not been established, the request is recommended as non-certified.

OMEPRAZOLE 20MG #60 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The patient was prescribed Ketoprofen and Omeprazole. The Chronic Pain Guidelines state that medications such as omeprazole may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician. The risk include: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID), such as NSAID + low-dose ASA. The medical records do not document the patient's current medication regimen. There is no documented history of gastrointestinal events. Moderate or high-risk for gastrointestinal events has not been documented. Medical necessity is not established. Omeprazole is non-certified.