

Case Number:	CM13-0032873		
Date Assigned:	12/06/2013	Date of Injury:	09/10/2011
Decision Date:	02/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Practice 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 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:

This injured worker's date of injury was 9/10/11. This patient has chronic neck and upper extremity pain. The patient has received 12 sessions of physical therapy with improvement documented in muscular pain and power. The patient's level of activity has been reported as improved. On exam there was tenderness with the paracervical muscles. The last review approved 2 additional sessions of physical therapy per guidelines. The patient's treating provider has diagnosed the patient with cervical pain, disc disorder cervical, hand pain, lateral epicondylitis, ulnar neuropathy, and wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, some patients who take NSAIDS may be at risk for gastrointestinal complications when taking NSAIDS. These risks include gastrointestinal bleeding. Prilosec (omeprazole) is a proton pump inhibitor. PPI's can protect a patient from having a GI event while taking an NSAID. The medical records

do not document any basis for using Prilosec; such as, gastrointestinal perforation or peptic ulcer. The request for 1 prescription of Prilosec is not medically necessary and appropriate.

Eight physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cervical spine, wrist, ODG Physical Therapy Guidelines

Decision rationale: The Official Disability Guidelines (ODG), state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Cervicalgia (neck pain); Cervical spondylosis, 9 visits over 8 weeks; and Ulnar nerve entrapment (ICD9 354.2)14 visits over 6 weeks. According to the medical records provided for review, the patient has chronic cervical pain and wrist pain. The patient has received 12 sessions of physical therapy and has been approved for an additional 2 sessions bringing this count to a total of 14 sessions. The treating physician has documented clinical improvement in functioning and reduction in pain. This is the number of sessions approved for this medical condition. The request for eight sessions of physical therapy session exceeds guideline requirements. The request for eight sessions of physical therapy is not medically necessary and appropriate.