

Case Number:	CM13-0036655		
Date Assigned:	12/13/2013	Date of Injury:	02/12/2013
Decision Date:	03/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 & Rehabilitation and is licensed to practice in Ohio 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 40-year-old male who reported a work related injury on 02/12/2013, as a result of strain to the left wrist. The clinical note dated 08/23/2013 reported the patient was seen in clinic under the care of [REDACTED]. The provider documented the patient presents for treatment of a wrist scapholunate ligament tear and sprain or strain of wrist. The provider documented the patient reports decreased pain at the base of the thumb, and into the thumb, with cortisone injection. The patient denied any pain at the ulnar aspect of the left wrist. The provider documented, upon physical exam of the patient, normal sensation was noted. The provider documented the patient did not require medication and had completed physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy for the left wrist (12 sessions): 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 Physical Medicine Page(s): s 98-99.

Decision rationale: The current request is not supported. The clinical notes document the patient had utilized over 14 sessions of physical therapy status post his work related injury. The

most recent clinical note submitted for review is dated from 08/2013, which revealed the patient did not require further therapeutic interventions, to include physical therapy or a medication regimen. Additionally, the clinical notes failed to document a recent physical exam of the patient evidencing any significant objective functional deficits indicative of continued physical therapy interventions. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Given all the above, the request for hand therapy for left wrist is not medically necessary or appropriate.

Omeprazole DR 20mg #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 Page(s): s 68-69.

Decision rationale: The current request is not supported. The clinical documentation submitted for review did not indicate the patient presented with any gastrointestinal complaints to support the requested medication as per California MTUS Guidelines. Given the lack of documentation submitted evidencing a specific rationale for the patient's utilization of this medication, the request for omeprazole DR 20 mg #30 is not medically necessary or appropriate.