

Case Number:	CM13-0043815		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2011
Decision Date:	08/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 67-year-old female who reported an injury on 08/05/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 09/05/2013 indicated diagnoses of musculoligamentous sprain, disc bulge at C4-5, 2 to 3 mm C5-6, 3 to 4 mm C6-7, 3 mm C7-T1, 2 mm overuse of syndrome and carpal tunnel syndrome of the bilateral wrists, possible ulnar neuritis left elbow, de Quervain's tendinitis of the bilateral wrists, full thickness tear of the rotator cuff right shoulder, medial epicondylitis bilateral elbows and tendinitis of the right shoulder, and low back pain. The injured worker reported neck and bilateral shoulder and elbow pain. The injured worker reported she had numbness in her hands when awakening in the morning. She also reported that the musculoskeletal symptoms persisted and diminished her capacity to perform a broad range of simple regular activities of daily living. The injured worker's prior treatments included diagnostic imaging, surgeries, physical therapy, and medication management. The injured worker's medication regimen included naproxen and omeprazole which controlled her symptoms. The injured worker had a sleep disorder that was above the threshold of significance. The provider submitted requests for omeprazole, a consultation and treatment with a sleep specialist, a consultation and treatment with a psychiatrist, a consultation and treatment with an internal medicine specialist, and twelve (12) physical therapy sessions. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE/PRILOSEC 20 MG #120: 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, 68 Page(s): 68.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), and a history of peptic ulcers. There is also a risk with long-term utilization of a Proton Pump Inhibitor (PPI) (> 1 year) which has been shown to increase the risk of hip fracture. It was indicated the injured worker had gastrointestinal problems. However, there was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there was lack of quantified pain relief. Moreover, the request did not indicate a frequency. Therefore, Omeprazole/Prilosec 20 mg #120 is not medically necessary.

CONSULTATION AND TREATMENT WITH A SLEEP SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for sleep apnea. In addition, the provider did not indicate a rationale for the request. Therefore, consultation and treatment with a Sleep Specialist is not medically necessary.

CONSULTATION AND TREATMENT WITH A PSYCHIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for any or psychopathology or comorbidity. In addition, there were no red flags. Moreover, there was no mention of any first-line treatment such as a trial of anti-depressants or anti-convulsants. Additionally, there was no clear rationale to support the consultation. Therefore, the request for consultation and treatment with a psychiatrist is not medically necessary.

CONSULTATION AND TREATMENT WITH AN INTERNAL MEDICINE

SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The included medical documentation has a diagnoses of musculoligamentous sprain, disc bulge at C4-5, 2 to 3 mm C5-6, 3 to 4 mm C6-7, 3 mm C7-T1, 2 mm overuse of syndrome and carpal tunnel syndrome of the bilateral wrists, possible ulnar neuritis left elbow, de Quervain's tendinitis of the bilateral wrists, full thickness tear of the rotator cuff right shoulder, medial epicondylitis bilateral elbows and tendinitis of the right shoulder, and low back pain. It is not indicated how an internal medicine exam would aid in the providers determination of prognosis, therapeutic management, and determination of medical stability for the injured worker. There is no clear rationale to support the consultation. Therefore, a consultation and treatment with an Internal Medicine Specialist is not medically necessary.

TWELVE (12) PHYSICAL THERAPY 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 98 Page(s): 98.

Decision rationale: The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note

injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation including the injured worker's prior course of physical therapy as well as the number of sessions and efficacy of the prior therapy. In addition, there was a lack of documentation including an adequate, complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the completed physical therapy had been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercise such as strengthening, stretching, and range of motion. Additionally, the request did not indicate a time frame or a body part for the physical therapy. Therefore, Physical Therapy Sessions are not medically necessary.