MAXIMUS Federal Services

Case Number:	CM13-0044973		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2011
Decision Date:	02/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Interventional Spine Surgery 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:

The patient is a 54-year-old female with date of injury on 07/31/2011. Progress report dated 09/18/2013 by [redacted] indicated that the patient's diagnoses include: right shoulder rotator cuff tendinitis/bursitis, bilateral wrists/hands sprain/strain, bilateral wrist/hand contusion, thoracic and lumbar spine sprain/strain, right knee sprain/strain, and right ankle/foot sprain/strain. The patient continues with intermittent moderate right shoulder pain, which is worse with overhead activities and strenuous movements. She also reports intermittent moderate bilateral wrist/hand pain as well as intermittent low back, right knee, and right ankle pain. Exam findings include tenderness to palpation of the right shoulder about the acromioclavicular joint. There is muscle spasms noted. There is restricted range of motion due to complaints of discomfort and pain. There is mildly positive impingement sign. There is rotator cuff weakness noted. Examination of the lumbar spine reveals mild tenderness to palpation about the paralumbar musculature. There is slightly restricted range of motion due to complaints of discomfort and pain. There are muscle spasms noted. Examination of the right knee reveals tenderness to palpation about the medial and lateral joint line. There is restricted range of motion due to complaints of discomfort and pain. The patient was prescribed ketoprofen 75 mg #60 and omeprazole 20 mg #60. Progress reports dated 07/24/2013 and 08/21/2013 both had requests for 8 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A set of 8 sessions of chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Page(s): 58.

Decision rationale: The records indicate this patient has multiple areas of pain including the back, the right shoulder, the right knee, and the right ankle. There had been multiple requests for 8 sessions of chiropractic therapy including dates of 07/24/2013 and 08/21/2013. No discussion was provided in regard to prior chiropractic treatment. It is unclear if the patient has had previous chiropractic treatment and if the patient has, what outcome the patient had received from such treatment. The MTUS Guidelines page 58 regarding manual therapy and manipulation recommended trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. The request for 8 sessions of chiropractic treatment exceeds the recommended trial of 6 visits over 2 weeks and without evidence of objective functional improvement from prior chiropractic visits; the request for 8 additional visits would not be supported by the guidelines noted above. Therefore, recommendation is for denial.

Omeprazole 20mg, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Page(s): 68.

Decision rationale: The patient is taking anti-inflammatory medication for the chronic pain issues. I reviewed 9 progress reports dated between 03/04/2013 and 10/16/2013, none of which appeared to indicate that the patient is having any GI upset from her medications. MTUS page 69 supports the use of a proton pump inhibitor medication for treatment of dyspepsia secondary to NSAID therapy. MTUS further states that the clinician should weigh the indication for NSAIDs against both GI and cardiovascular risk factors. The patient should be evaluated for risk for gastrointestinal events, which include: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; current use of aspirin, corticosteroids, and/or anticoagulant; high-dose multiple NSAID. The records reviewed did not appear to indicate the treating physician evaluated the patient for gastrointestinal events and there is no report of GI symptoms relating to their NSAID therapy. Therefore, recommendation is for denial.