

Case Number:	CM13-0050643		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2011
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow pain, shoulder pain, left fifth finger complex laceration, and possible complex regional pain syndrome reportedly associated with an industrial injury of February 8, 2011. Thus far, the applicant has been treated with analgesic medications, suturing of the left small finger laceration, MRI imaging of the left shoulder of June 26, 2013, notable for mild supraspinatus tendinosis, 36 sessions of physical therapy, 12 sessions of acupuncture, elbow MRI imaging of November 2, 2012, notable for thickening of the lateral humeral epicondyle, adjuvant medications, psychotropic medications and extensive periods of time off of work. In a utilization review report of November 4, 2013, the claims administrator denied a request for Prilosec, denied a request for silicone padding for the left fifth digit, and denied a request for MRI imaging. Non-MTUS ODG guidelines were cited. The applicant's attorney subsequently appealed the denial. In a clinical progress note of August 8, 2013, handwritten, difficult to follow, and not entirely legible. The applicant is placed off of work, on total temporary disability. A prosthetic small finger guard is endorsed, along with Neurontin, tramadol, Prilosec, and a stellate ganglion block. The applicant is asked to follow up with a pain psychologist. The applicant is given a diagnosis of CRPS versus neuroma status post open fracture of the fifth digit with incision and drainage. The applicant is anxious and described as poorly functioning at present. There is reportedly severe pain about the left small finger plate and stellate ganglion block is also sought. On October 24, 2013, the applicant is reportedly unchanged. A shoulder surgery consultation, shoulder injection, stellate ganglion block, and psychology consultation are sought while the applicant remains off of work, on total temporary disability. The silicone padding is again endorsed while the applicant remains off of work, on total temporary disability. In a December 9, 2013, shoulder surgery consultation, the applicant presents with persistent left shoulder

subacromial pain, exacerbated by lifting, reaching, pushing, and pulling. The left shoulder range of motion is limited with flexion and abduction in 150 to 160 degree range with some positive signs of internal impingement. The applicant is given a diagnosis of persistent left shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Hypertension and Renal Function Section Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton-pump inhibitors such as Prilosec in the treatment of NSAID induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any active signs or symptoms of dyspepsia, reflux, and/or heartburn for which ongoing usage of Prilosec would be indicated. Accordingly, the request is not certified.

Silicone padding for ulnar side left 5th digit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Durable Medical Equipment (DME)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Section Page(s): 40.

Decision rationale: In this case, the applicant has been given a diagnosis of suspected complex regional pain syndrome of the finger and/or left hand. The documentation on file does suggest that the applicant is having pain and swelling about the injured digit. As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, edema control may be required. In this case, mechanical compression via the silicone padding for the ulnar side of the left fifth digit may help to furnish said edema control. Accordingly, the original utilization review decision is overturned. The request is certified.

MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 9, some of the primary criteria for pursuit of imaging studies include evidence of failure to progress in a strengthening program intended to avoid surgery. In this case, the applicant has, indeed, failed to progress in a program of strengthening intended to avoid surgery. The applicant had active shoulder complaints, positive signs of internal impingement, diminished shoulder range of motion, etc., which has seemingly persisted for a period of several years. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.