

Case Number:	CM14-0000064		
Date Assigned:	01/10/2014	Date of Injury:	08/29/2013
Decision Date:	06/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 42 year old female with a reported date of injury on 08/29/2013. The worker was injured while balancing out the register and printing out her sheets, she placed the cash on top of the counter and reached for the sheet in the printer and with her sudden hand movement she knocked off the metal money box and her left foot became caught. She fell backward and landed on her right shoulder. The metal box fell and struck her left knee. A range of motion testing to the cervical spine was completed on 11/21/2013 noted flexion to 33 degrees, extension to 27 degrees, right/left rotation at 48 degrees, and right/left lateral bending at 24 degrees. The muscle testing showed 5/5 for elbow, wrist, and fingers and reflexes to biceps, brachioradialis, and triceps were 2+. The right shoulder range of motion showed forward flexion to right 126 degrees and left 180 degrees, extension right/left to 30 degrees, internal rotation right/left to 60 degrees, and external rotation right/left at 80 degrees, abduction right to 126 degrees and left to 180 degrees, adduction right/left to 45 degrees. Range of motion testing performed to bilateral knees were within normal limits. The impression from this progress report was cervical spine strain, right shoulder impingement syndrome, left knee internal derangement, right knee sprain, and lumbar spine strain. An MRI performed on 11/18/2013 showed multilevel discogenic/degenerative changes, L4-5 moderate central stenosis due to disc bulging, small left paracentral protrusion, and facet arthropathy. Noted was a lateral recess narrowing with mass effect on the traversing L5 nerve roots, left greater than right, L3-4 mild central stenosis due to disc bulge and facet arthropathy, multilevel foraminal narrowing most pronounced at L4-5 with moderate to severe on the left with associated mass effect on the exiting L4 nerve root. The injured worker had 12 previous sessions with physical therapy. The request of authorization form was not submitted with the medical records. The request is for additional physical therapy x12, Prilosec, and Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY X12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-39, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

Decision rationale: The request for additional therapy x12 is non-certified. The injured worker has 12 sessions with physical therapy previously. According to Chronic Pain Medical Treatment guidelines 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. 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The recommended number of visits with physical therapy is 8-10 visits over 4 weeks. The injured worker already had 12. There is no documentation showing functional improvement and the request for 12 additional visits with physical therapy exceeds the guideline. In addition, there are no exceptional factors to warrant additional therapy. Therefore, the request for additional Physical Therapy X 12 is not medically necessary.

OMEPRAZOLE DR (PRILOSEC) 20MG: Upheld

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

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

Decision rationale: The request for Prilosec is non-certified. The injured worker is taking NSAIDs and opioids for pain as needed. The California Chronic Pain Medical Treatment guidelines recommend determining if the injured worker is at risk for gastrointestinal events, such as age above 65 years, history of peptic ulcer, GI bleeding or perforation, concurrently use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. The injured worker does not fall into any of the risks listed. The request for Omeprazole DR (Prilosec) 20MG is not medically necessary.

MEDROX OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Page(s): 111-113.

Decision rationale: The request for Medrox is non-certified. The injured worker is using NSAIDs and opioids as needed for pain. The California Chronic Pain Medical Treatment guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patient who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Therefore, the request for Medrox ointment is not medically necessary.