

<b>Case Number:</b>	CM14-0008990		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 and 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 45-year-old male who reported an injury on 06/18/2010. The mechanism of injury was not provided in the documentation. Per the clinical note dated 08/23/2013, the injured worker had constant left arm and hand pain and he rated his pain at 9/10. The injured worker reported his pain was increased with letting his hand drop to his side and he indicated he frequently dropped things and his left hand was starting to tremble. The injured worker reported frequent burning sensation in all of the fingers on the left hand with constant numbness and pain which increased with gripping, grasping, lifting, and repetitive movements. The pain radiated to his left shoulder and neck. The injured worker underwent a left open reduction and internal fixation of his distal radial intra-articular fracture with internal fixation of more than 3 fragments on 06/28/2010. Upon examination the injured worker was non-tender along the midline cervicothoracic region; however, there was left vertebral muscle spasm with increased left neck pain. Range of motion to the left shoulder was assessed and revealed flexion to 20 degrees and abduction to 30 degrees. Right shoulder range of motion was within normal ranges. Range of motion to the left elbow was assessed and revealed flexion to 30 degrees, extension to -50 degrees, pronation to 40 degrees, and supination to 10 degrees. Right elbow range of motion was within normal limits. The provider indicated the injured worker had decreased range of motion to the left wrist which was not tested due to hypersensitivity to touch. He was unable to make a full fist. Strength to the left was not assessed due to the injured worker being unable to push or pull with the left upper extremity secondary to significant pain. The diagnoses reported for the injured worker included left shoulder adhesive capsulitis with rotator cuff full-thickness tear status post open reduction and internal fixation left distal radius fracture and chronic regional pain syndrome left upper extremity postoperative. Per the physical therapy note dated 06/03/2013, the injured worker received 1 month of physical therapy in 2011 for this left hand

and wrist. Per the physical therapy note dated 07/11/2013, the injured worker attended 12 sessions of physical therapy at that time. The request for authorization for medical treatment was not provided in the documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PRILOSEC 20 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAID's. GI symptoms and cardiovascular risk Page(s):.

**Decision rationale:** Per California MTUS Guidelines, to determine if an injured worker is at risk for gastrointestinal events, 1 or more of the following criteria need to be met including; age greater than 65 years, a history of peptic ulcer, GI bleeding, or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose multiple NSAIDs. Recent studies tend to show that H Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. The provided documentation stated the injured worker is a 45 years old. In addition, there was lack of documentation regarding whether the injured worker has a history of peptic ulcers, GI bleeding, or perforation. There was a lack of objective documentation indicating the injured worker had significant gastrointestinal symptomatology. There was lack of documentation indicating the injured worker was utilizing high dose multiple NSAIDs. Therefore, the request for Prilosec 20 mg quantity of 60 is not medically necessary.

#### **PSYCHOTHERAPY 1 X PER WEEK FOR 4 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TRE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Behavioral interventions, Psychological treatment Pag.

**Decision rationale:** The California MTUS Guidelines recommend psychotherapy as appropriate for identified patients during treatment for chronic pain. The guidelines recommend considering separate psychotherapy CPT referral after 4 weeks of lack of progress with physical medicine alone. The guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. It was unclear if the injured worker has had any prior psychotherapy to date including an initial evaluation. The requesting physician did not provide a baseline assessment of the injured workers psychological condition in order to demonstrate psychological issues needing to be addressed as well as provide a current baseline by which to assess progress throughout treatment. Therefore, the request for psychotherapy 1 time a week for 4 weeks is not medically necessary.

**PHYSICAL THERAPY 3 X PER WEEK FOR 4 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

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

**Decision rationale:** Per the California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per the documentation provided, the injured worker has completed a minimum of 12 documented physical therapy sessions; however, it appears the injured worker has had greater than 12 sessions in excess of the recommended 24 visits for reflex sympathetic dystrophy. In addition, there was lack of documentation of the efficacy of the previous physical therapy sessions and whether or not the patient was participating in a home-based exercise program. Therefore, the request for physical therapy 3 times a week for 4 weeks is not medically necessary.

**URINE TOXICOLOGY SCREEN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic  
Pain Medical Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS  
Citation Official Disability Guidelines (ODG) Medications, Urine drug testing.

**Decision rationale:** Per the California MTUS Guidelines, a urine toxicology screen is recommended as an option to assess for the use or presence of illegal drugs. Per the Official Disability Guidelines, patients at low risk for addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is a lack of documentation regarding when the injured worker last underwent a urine drug screen. It did not appear the injured worker is at risk for medications misuse as evidenced by aberrant behavior. Therefore, the request for the urine toxicology screen is not medically necessary.