

Case Number:	CM14-0151156		
Date Assigned:	09/19/2014	Date of Injury:	03/28/2014
Decision Date:	11/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 66 year old female with an injury date of 03/28/14. Based on the 06/25/14 progress report by [REDACTED] the patient complains of bilateral wrist pain rated 5/10 with and 8/10 without meds. Physical examination revealed tenderness to palpation on flexion/extension of 1st CMC joint and bilateral wrists were positive for Tinel's, Phalen's and Finkelstein's. Per progress report dated 08/04/14, patient completed 9 occupational therapy and 8 physical therapy visits. Therapy goals that have been met included increase in ADL's, reduced work restrictions, reduction of 3-4 points on a pain scale and reduction of medication use. Treater report dated 08/04/14 shows pain with meds to be rated 4-5/10. She is continuing with home exercise. Patient has returned to work on 06/25/14 with modifications in job duties. Treater is requesting Axid for the treatment of dyspepsia due to NSAID use or other medication use, and Anaprox to reduce pain/inflammation so patient may resume activity and functional restorations. Diagnosis 06/25/14- bilateral wrist tendonitis/tenosynovitis with right CMC joint osteoarthritis- bilateral elbow medial and lateral epicondylitis- bilateral shoulder periscapular sprain/strain- bilateral knee PFA with sprain/strain- cervical spine sprain/strain- lumbar spine sprain/strain. The utilization review determination being challenged is dated 08/25/14. The rationale follows: 1) Occupational Therapy x 8 bilateral wrist: "no clear documentation of musculoskeletal deficits that cannot be addressed within the context of a home exercise program..." 2) Meds x 1, Axid 1 PO BID #60, Anaprox 1 PO BID #60: "Axid is used to treat ulcers in the stomach and intestines. Also heartburn and esophagitis caused by GERD. Anaprox, ongoing chronic NSAID use would not be supported given date of injury. Patient reports dyspepsia with NSAID use." [REDACTED] is the requesting provider, and he provided treatment reports from 06/25/14 - 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy x 8, bilateral wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical/ Occupational therapy, Forearm, Wrist, & Hand (Acute & Chronic)

Decision rationale: The patient presents with bilateral wrist pain rated 5/10 with meds. Her diagnosis dated 06/25/14 includes bilateral wrist tendonitis/tenosynovitis with right CMC joint osteoarthritis. The physicians report dated 08/04/14 shows pain with meds to be rated 4-5/10. Patient is continuing with home exercise. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. "ODG-TWC recommendation of PT for forearm/wrist/hand: "ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. Radial styloid tenosynovitis: Medical treatment: 12 visits over 8 weeks" Per progress report dated 08/04/14, therapy goals that have been met through occupational therapy sessions included increase in ADL's, reduced work restrictions, reduction of 3-4 points on a pain scale and reduction of medication use. A physician report dated 08/04/14 states that patient completed 9 occupational therapy and 8 physical therapy visits. Though the physician states that therapy goals have been met, the documented reduction in pain scale was 1 point. Moreover, the request for additional 8 therapy sessions would exceed what is allowed by guidelines. Recommendation is for denial.

Meds x 1, Axid 1 PO BID #60, Anaprox 1 PO BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, medication for chronic pain Page(s): 22 ,60-61.

Decision rationale: The patient presents with bilateral wrist pain rated 5/10 with and 8/10 without meds. Her diagnosis dated 06/25/14 includes bilateral wrist tendonitis/tenosynovitis with right CMC joint osteoarthritis. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Progress report dated 06/25/14 states that the physician is requesting Axid for the treatment of dyspepsia due to

NSAID use or other medication use. Patient is prescribed Anaprox. The request meets MTUS indication. Recommendation is for authorization. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Progress report dated 06/25/14 states that Anaprox is requested to reduce pain/inflammation so patient may resume activity and functional restorations. Per progress report dated 06/24/14, there is a 3 point reduction in the pain scale with the use of medications, and patient has returned to work. The request is reasonable and in line with MTUS. Recommendation is for authorization.