

<b>Case Number:</b>	CM14-0161800		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational and environmental medicine; has a subspecialty in Public health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 27 year old male who sustained an industrially related injury on June 10 2014 involving his left forearm/wrist. He has ongoing complaints of hand/wrist weakness. At his most recent physical examination he denies pain symptoms and is noted to have 2/5 strength in the extensor pollicis longus and the extensor indicis muscles, 4/5 strength is noted in the extensor digitorum. Radiographs from the day of the injury demonstrate a comminuted fracture of the radial neck. Follow up radiographs on 6/16 show increased angulation following splinting. A CT of his right elbow was performed on 6/20/14 and showed a multiple comminuted fracture of the proximal radius with a 2cm override of fracture fragments. An ORIF was done to the left forearm following which symptoms of pain (now "nothing over five") and parathesia seem to have been relieved. This individual is requesting 10 additional hand therapy sessions, a norco prescription (which he takes for pain), a pantoparazole prescription (presumably for prophylaxis due to use of NSAIDS) and one additional radiograph.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Additional hand therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 260-278, Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand, Physical/occupational therapy guidelines

**Decision rationale:** MTUS and ODG state the recommended number of visits for therapy to be 16 over 8 weeks. However; it also states "Allow for fading of treatment frequency (from up to visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." It is well documented in the available records that this individual has reduced strength in the EI, EPL and EDC there is also no notation of a fading of therapy being employed. MTUS Postsurgical Treatment Guidelines additionally states, "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." As such I am reversing the prior UR decision and find 10 additional had therapy sessions medically necessary.

### **1 Prescription of Pantoprazole 40mg #50: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent." The medical documents provided do not document this individual as having GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Pantoprazole 40mg #50 is deemed not medically necessary.

### **1 Prescription of Norco 5/325 #45: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** MTUS does not discourage use of opioids, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. It is documented, however, that the individual in question notes no pain greater than a 5/10 and in general has no complaint of pain at all. As such, the request for Norco 5/325 is deemed not medically necessary.

**1 X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, wrist and forearm, Radiography

**Decision rationale:** ODG indicates that that radiographs are indicated "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon when initial radiographs are equivocal, or in the prescience of certain clinical or radiographic findings, further imaging is appropriate." This individual has had three radiographs of his injury site noted, none could be considered equivocal and the current clinical findings do not meet ODG's criteria for additional imaging. As such the request for 1 X-ray (of the wrist) is deemed not medically necessary.