

Case Number:	CM14-0035225		
Date Assigned:	06/23/2014	Date of Injury:	09/13/2011
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 and is licensed to practice in Nevada. 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 52 year-old gentleman who was reportedly injured on September 13, 2011. The mechanism of injury is noted as a fall from a truck. The most recent progress note dated May 30, 2014, indicates that there are ongoing complaints of left wrist pain. The physical examination demonstrated a normal appearing left wrist, a negative Finkelstein's test, no specific tenderness, motor function was 5/5, a full range of motion, and no specific pathology. Diagnostic imaging studies objectified a minor carpal tunnel syndrome. Previous treatment includes physical therapy and medications. A request had been made for electrodiagnostic testing and medications and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic (EDS) testing of the bilateral upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The records reflect that electrodiagnostic testing had been completed in April, 2013. A mild carpal tunnel syndrome and a mild cubital tunnel syndrome had been

identified. The subsequent physical examination findings do not note any significant worsening or subtle neurologic differences that require repeat testing. Accordingly, there is no clinical indication for repeat testing. This is not medically necessary.

Diclofenac XR 100mg #30 dispensed 2/7/14.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines for Non-steroidal antiinflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30.

Decision rationale: When considering the date of injury, the injury sustained, the lack of any specific pathology noted on imaging studies and the most recent physical examination, the demonstrated full range of motion with no specific tenderness, tempered by the fact that there has been use of this medication with no improvement in the pain complaints and noting the parameters outlined in the California Medical Treatment Utilization Schedule, there is no clinical indication to continue this medication as no improvement is noted. As such, this is not medically necessary.

Omeprazole 20mg #30 dispensed 2/7/14.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs, Gastrointestinal symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: This is a proton pump inhibitor useful in the treatment of gastroesophageal reflux disease (GERD). The records do not reflect that there are any gastric complaints at this time. Furthermore, it is noted that the non-steroidal medications have not been endorsed. Therefore, when noting no complaints and the reduction of the non-steroidal medications, this is not medically necessary.