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| Case Number: | CM14-0036950 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 10/18/2011 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

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 Illinois. 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 69-year-old female who reported an injury on 10/18/2011 due to a slip and fall injuring her left hand. On 12/17/2013 the injured worker reported having left wrist pain, numbness, and weakness with radiating pain to the left. A physical examination of the left wrist revealed painful range of motion with flexion to 45 degrees and extension to 30 degrees, and tenderness to palpation of the dorsal wrist, volar wrist, and medial wrist along with mild swelling. Tinel's, Phalen's and Finkelstein's tests were positive. She was status post ganglion cystectomy of the left wrist performed on 12/12/2012. Her diagnoses were listed as left wrist sprain/strain, left carpal tunnel syndrome EMG negative, s/p removal of left dorsal ganglion cyst, left de Quervain's, and right carpal tunnel syndrome. Her medications included Naprosyn and omeprazole. Her past therapies included physical therapy that ended in 04/2013 or 05/2013, bilateral wrist braces, as well as a transcutaneous electrical nerve stimulation unit for home use. She also received injections to her left wrist that were not beneficial. The treatment plan was for Prilosec with 1 refill and continued postoperative physical therapy. The Request for Authorization Form was not submitted for review nor was the rationale for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Risks Page(s): page(s) 68.

Decision rationale: The request for Prilosec with 1 refill is not medically necessary. Per the clinical note dated 12/17/2013, the injured worker was reportedly taking Naprosyn and Omeprazole for treatment of her left wrist pain. The California MTUS Guidelines state that the use of proton pump inhibitors such as Prilosec are intended for those who are at risk for GI events due to NSAID usage. There is no documentation of the injured worker is at risk for GI complications or issues or reports stomach irritation or other GI issues. There is no documentation indicating the injured worker has a history of peptic ulcer, gastrointestinal bleed, or perforation. In addition, there was no rationale given for the use of this medication. The necessity for Prilosec is unclear. In addition, the requesting physician did not state the frequency of the medication within the request. The request is not supported by guideline recommendations. Given the above, the request is non-medically necessary.

Continued Postoperative Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21..

Decision rationale: The request for continued postoperative physical therapy is not medically necessary. The injured worker was noted to be post ganglion cystectomy performed on 12/12/2012. It was noted that the injured worker attended PT that ended in 04/2013 or 05/2013; however, the number of attended sessions was not provided. The California Postsurgical Treatment Guidelines state that postsurgical treatment is recommended for 18 visits over 6 weeks with special consideration of postsurgical physical medicine rarely needed for a ganglionectomy. There is no documentation regarding objective functional improvement to determine efficacy of the sessions already attended. Based on the clinical information provided, it does not appear that the injured worker had any significant objective functional deficits. Furthermore, the requesting physician did not indicate the site for the PT being requested, the number of sessions being requested, or the frequency of the sessions being requested. The request is not supported by the guideline recommendations. As such, the request is not medically necessary.