MAXIMUS Federal Services

Case Number:	CM14-0057148		
Date Assigned:	07/09/2014	Date of Injury:	03/14/1990
Decision Date:	08/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 injured worker is a 55-year-old male who reported an injury on 03/14/1990. The mechanism of injury was not provided in the medical records. His diagnoses include bilateral degenerative joint disease of the knees, bilateral shoulder impingement syndrome, low back pain, and depression secondary to pain and disability. His past treatments were noted to include medications. On 03/21/2014, the injured worker presented with complaints of severe lower back pain, pain in his knees, and pain in the bilateral shoulders. His physical examination revealed an antalgic gait, ambulation with a cane, normal motor strength to 5/5 in all muscle groups of the lower extremities, normal range of motion in the lower spine, and positive impingement signs in the bilateral shoulders. He was also noted to have decreased motor strength to 4/5 in the bilateral shoulders. His medications were noted to include cyclobenzaprine, diclofenac XR, omeprazole, ondansetron, tramadol ER, and Wellbutrin. The treatment plan included a referral for chronic pain management and medication refills. The rationale for omeprazole was to reduce NSAID gastritis prophylactically and the rationale for the requested muscle testing and range of motion testing was not provided. The Request for Authorization Form was also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Testing, extremity (excluding hand) or trunk: 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), Forearm, wrist, & hand, Computerized muscle testing.

Decision rationale: According to the Official Disability Guidelines, computerized muscle testing is not recommended as there are no studies to support this testing. The clinical information submitted for review indicated that the injured worker had normal motor strength of 5/5 in the lower extremities and decreased motor strength to 4/5 in the bilateral shoulders. However, a rationale for the requested computerized muscle testing was not provided and the guidelines do not support this testing based on lack of studies. Therefore, the request is not medically necessary.

Range of Motion, extremity (excluding hand) or trunk: 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), Low back, Flexibility.

Decision rationale: According to the Official Disability Guidelines, computerized measures of range of motion are not recommended as this testing can be done with inclinometers and as the results of computerized testing has unclear therapeutic value. The clinical information submitted for review indicated that the injured worker had normal range of motion in the lumbar spine and bilateral shoulders. The rationale for the requested computerized range of motion testing was not supported and as the guidelines do not support this testing in favor of testing with an inclinometer, the request is not supported. As such, the request is not medically necessary.

Omeprazole 20mg, #60: 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 rationale: According to the California MTUS Chronic Pain Guidelines, a proton pump inhibitor may be recommended for patients taking NSAID medications who have been found to be at intermediate to high risk for gastrointestinal events or for those who have reported dyspepsia secondary to NSAIDS use. The clinical information submitted for review indicated that the injured worker was utilizing an NSAID medication and was prescribed omeprazole to reduce NSAID gastritis prophylactically. As the guidelines do not support use of a proton pump inhibitor as prophylaxis and the injured worker was not noted to have complaints of dyspepsia or

an increased risk for gastrointestinal events, the request is not supported. As such, the request is not medically necessary.