

Case Number:	CM14-0062780		
Date Assigned:	07/14/2014	Date of Injury:	08/31/2010
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 records presented for review indicate that this 49 year old female was reportedly injured on August 31, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of right and left shoulder pain as well as low back pain. The physical examination demonstrated tenderness along the rotator cuff, biceps tendon, and the bilateral trapezius with spasms. Diagnostic imaging studies of the cervical spine indicated degenerative disc disease at C5 to C6 with facet arthrosis. Previous treatment includes physical therapy, home exercise, an epidural steroid injection, and facet injections. A request was made for a pneumatic intermittent compression device and supplies, an MRI of the right wrist and thumb, and Protonix and was not certified in the preauthorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic intermittent compression device & supplies: 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), Knee and Leg, Venous Thrombosis, Updated August 25, 2014.

Decision rationale: It is unclear what the intention of this request for a pneumatic intermittent compression device and supplies is for. The injured employee had a recent right shoulder arthroscopy performed on February 10, 2014. Such a device used to help prevent deep vein thrombosis (DVT's) is not indicated postoperatively after a shoulder surgery if the injured employee is ambulatory. Considering this, the request for a pneumatic intermittent compression device and supplies is not medically necessary or appropriate.

MRI of the right wrist and base of thumb: 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, and Hand, Magnetic Resonance Imaging, Updated August 8, 2014.

Decision rationale: Although a review of the medical record indicates that there was prior treatment to include right thumb injections, the most recent progress note available for review dated May 13, 2014, does not state that the injured employee has any complaints regarding the right wrist or thumb. Considering this, the request for an MRI of the right wrist in the base of the thumb is not medically necessary or appropriate.

Protonix 20mg sixty count: 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 Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing nonsteroidal antiinflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI (gastrointestinal) complications as outlined by the Medical Treatment Utilization Schedule (MTUS). Therefore, this request for Protonix 20mg sixty count is not medically necessary or appropriate.