MAXIMUS Federal Services

Case Number:	CM14-0080345		
Date Assigned:	07/18/2014	Date of Injury:	07/06/2009
Decision Date:	08/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Orthopedic Surgery, 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:

This 52-year-old male construction worker sustained an industrial injury on 7/6/09, relative to a fall. Past medical history was positive for a motorcycle accident in 1984 with left wrist/forearm fracture and surgery. Past surgical history was positive for right shoulder rotator cuff and labral repair in May 2012. The patient underwent left shoulder rotator cuff repair, SLAP repair, subacromial decompression, extensive debridement, distal clavicle resection, and synovectomy on 2/12/10; a left wrist arthroscopy was also performed. An additional left shoulder surgery was performed in 2011 due to persistent symptoms. The 4/25/14 treating physician progress report cited bilateral shoulder and left wrist pain. Left wrist MRI showed dorsal intercalated segment instability (DISI), degenerative disease of the ulnar joint, and grade IV chondromalacia along the lunate fossa of the radius. The patient had undergone one injection a long time ago; a recent request and x-rays were denied. The patient was using soft and rigid braces and was provided a hot/cold wrap. Objective findings documented wrist joint tenderness, motion 50% of normal, and affected grip. Left shoulder loss of motion was noted. The treatment plan recommended wrist fusion as interventional treatment was not allowed. Neurontin had provided relief, but it was disallowed. Medications included naproxen, Protonix, and tramadol ER. X-rays of the shoulder was requested to assess the amount of wear and loss of articular surface. Records indicated long term use of proton pump inhibitors (PPIs) with Prilosec prescribed through September 2013 to buffer the stomach. Protonix was prescribed on 10/71/13 for the same indication, without documentation of an increase in symptoms or failure of Prilosec. The patient had significant pain and functional limitation with grade IV change along the lunate meaning he has terminal arthritis. Wrist injection was provided with no discussion of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm wrist and hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not address wrist fusions. The Official Disability Guidelines recommended wrist fusion in severe posttraumatic arthritis of the wrist after 6 months of conservative therapy. Wrist fusion may be indicated in young patients in whom heavy loading is likely, in joints with a fixed, painful deformity, instability, or loss of motor. Guideline criteria have not been met. This patient presents with a long history of left wrist pain and functional limitation. The provider has indicated that he has terminal arthritis per MRI. X-rays documented old fracture of the distal radius and ulnar with distal radial deformity. There were no acute osseous abnormalities or malalignment. There was no carpal instability despite the dorsal intercalated segment instability noted. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried over 6 months and had failed. Difficulties with authorization of conservative treatment are noted. Therefore, this request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs) for patients at risk for gastrointestinal events. Risk factors include age over 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The Official Disability Guidelines recommend Protonix as a second-line medication if a trial of Prilosec is not effective. Guideline criteria for the use of Protonix have not been met. This patient does not meet guideline risk factors of gastrointestinal events. PPIs have been prescribed prophylactically. There is no evidence in the records that Prilosec had failed to provide a benefit requiring a switch to Protonix. Therefore, this request is not medically necessary.

X- ray of the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-214. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California ACOEM/MTUS guidelines generally support x-rays of the shoulder when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. The Official Disability Guidelines recommend shoulder x-rays when there is acute shoulder trauma to rule-out fracture. Initial studies are also supported following acute trauma when there is questionable bursitis with blood calcium. Guideline criteria have not been met. This patient is 5 years status post injury and two prior arthroscopic surgeries. There is no current pain or functional assessment relative to the shoulder. Clinical findings are limited to non-specific loss of motion. There is no compelling reason to support the medical necessity of x-rays at this time in the absence of guideline support. Therefore, this request is not medically necessary.