

Case Number:	CM14-0095620		
Date Assigned:	07/25/2014	Date of Injury:	03/13/2007
Decision Date:	10/01/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 39 year old female was reportedly injured on March 13, 2007. The mechanism of injury was noted as a trip and fall type event. The most recent progress note, dated July 2 2014, indicated that there were ongoing complaints of low back, right shoulder and neck pains. The physical examination demonstrated a well developed, well nourished individual in no acute distress and who was borderline hypertensive (120/90), decrease in cervical spine range of motion was noted, tenderness to palpation in the posterior musculature, was no specific sensory loss identified, motor function strength was described as 5/5. It was reported that the injured employee was permanently stationary. Diagnostic imaging studies were not presented. Previous treatment included multiple medications and pain management interventions. A request was made for Omeprazole and aqua therapy and was not certified in the preauthorization process on December 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY 30: Upheld

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

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

Decision rationale: When noting the date of injury, the method of injury, the current findings on physical examination, and the parameters outlined in the Medical Treatment Utilization Schedule (MTUS), there is no clinical indication presented for this medication. This is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. However, in the progress notes presented for review, there were no gastric complaints, issues with gastritis or any other physical examination findings to suggest the need for this medication. As such, the medical necessity has not been established.

Aqua Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), this is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. However, there is no clinical indication presented as to why more traditional, home based, physical therapy exercises cannot be accomplished. Furthermore, the injured worker is noted to be permanent stationary. As such, there is no medical necessity established for continuing physical therapy.