

Case Number:	CM14-0100326		
Date Assigned:	09/16/2014	Date of Injury:	10/15/2010
Decision Date:	04/14/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 47-year-old female who sustained an industrial injury on 10/15/10. Injury occurred while she was unloading frozen food. She twisted to the right to grab a box of frozen chicken and felt a pop in her neck, followed a clicking in her left shoulder. Past medical history was positive for gastritis and bleeding ulcers requiring hospitalization in 2008. She underwent a C5/6 corpectomy and anterior cervical discectomy and fusion on 2/12/14. Records indicated that the patient had completed 18 post-op physical therapy visits. The 6/16/14 treating physician report indicated that the patient had recently started post-op physical therapy. Subjective complaints included grade 5/10 cervical pain radiating into the bilateral shoulders through the elbows to the wrists. Physical exam documented tenderness over the cervical paravertebral muscle, bilateral trapezius, and interscapular space. There was decreased range of motion and decreased left C6 and C7 dermatomal distribution. The patient was reported to be severely deconditioned and needed additional physical therapy to focus on her neck and upper extremities. The 6/24/14 utilization review modified a request for 12 physical therapy visits for the cervical spine to 6 additional sessions, consistent with Post-Surgical Treatment Guidelines. The request for Prilosec was non-certified as there was no documentation of subjective gastrointestinal symptoms or risk factors to support proton pump inhibitor therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks (12) for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for cervical fusion suggest a general course of 24 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. This patient has completed 18 initial post-op physical therapy visits. The treating physician reported severe deconditioning requiring additional therapy. The 6/24/14 utilization review modified the request for 12 additional visits to 6 additional visits to a guideline recommended total of 24 visits. There is no compelling reason to support the medical necessity of physical therapy prior to completion of the general course of care and documentation of specific functional deficits to be addressed by additional supervised physical therapy. Therefore, this request is not medically necessary.

Prilosec 20mg 1 tab 2x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors, such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs. Guideline criteria for intermediate gastrointestinal risk factors have been met. Past medical history is positive for gastritis and bleeding ulcers. While the use of Prilosec would be supported by guidelines, the quantity of medication is not specified to allow for determination of medically necessary. Therefore, this request is not medically necessary.