

<b>Case Number:</b>	CM14-0198583		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	01/18/2000
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 57 year male who sustained an industrial injury on 01/16/2000. The mechanism of injury occurred as a result of multiple falls, harassment and working long hours. His diagnoses include right shoulder impingement, left shoulder pain, internal derangement of the left knee, L5-S1 facet hypertrophy, bilateral lateral epicondylitis, bilateral cubital syndrome, C4-C7 degenerative disc disease, anxiety, and depression. He continues to complain of low back pain and bilateral knee pain. On physical exam he has an antalgic gait and uses a cane. The knees have flexion contractures L>R with valgus deformities bilaterally. There is decreased range of motion of the lumbar spine with positive straight leg raising and decreased S1 dermatome bilaterally. Treatment has included medications, Synvisc injections, knee bracing, use of a cane, and physical therapy. The treating provider has requested 8 Physical Therapy sessions to the hands, urine toxicology and Omeprazole 20mg # 100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical therapy sessions to the hands:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is recommended for specifically identified musculoskeletal conditions and continued with documented objective evidence of derived functional benefit. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, there is no documentation of exam of the hands or claimant's complaints regarding the hands. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), UDS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medication. There is no documentation of provider concerns over the claimant's use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months and what those results were and any potential related actions taken. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Omeprazole 20 MG Qty 100:** 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.

**Decision rationale:** Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.