

Case Number:	CM14-0202354		
Date Assigned:	12/12/2014	Date of Injury:	03/03/2011
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 69-year-old woman with a date of injury of 03/03/2011. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/16/2014 and 11/14/2014 indicated the worker was experiencing right shoulder pain that was not improved despite treatment with surgery, right wrist pain, pain with spasms and locking of the third finger, numbness and tingling on the right fingers, and problems sleeping. Documented examinations described tenderness, positive impingement sign, and decreased joint motion in the right shoulder. The submitted and reviewed documentation concluded the worker was suffering from right shoulder impingement syndrome, right carpal tunnel syndrome, right thumb CMC arthritis, right wrist strain with a styloid fracture, chronic pain syndrome, and lower back sprain. Treatment recommendations included medications, additional physical therapy sessions, modified activities, a MR arthrogram, and follow up care. A Utilization Review decision was rendered on 11/21/2014 recommending non-certification for sixty tablets of Prilosec (omeprazole) 20mg and modified certification for six sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity 12: 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), Shoulder (Acute & Chronic), Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from right shoulder impingement syndrome, right carpal tunnel syndrome, right thumb CMC arthritis, right wrist strain with a styloid fracture, chronic pain syndrome, and lower back sprain. These records suggest the worker was treated with physical therapy but without any benefit reported. There was no discussion indicating the reason(s) additional physical therapy sessions were expected to be of benefit a continued home exercise program. In the absence of such evidence, the current request for twelve sessions of physical therapy is not medically necessary.

Prilosec 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Omeprazole: Druge Information. Topic 9718, version 144.0. UpToDate, accessed 01/13/2015.

Decision rationale: Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering from right shoulder impingement syndrome, right carpal tunnel syndrome, right thumb CMC arthritis, right wrist strain with a styloid fracture, chronic pain syndrome, and lower back sprain. There was no documentation suggesting the worker had any of the above conditions or issues or that the worker had recently used NSAIDs. In the absence of such evidence, the current request for sixty tablets of Prilosec (omeprazole) 20mg is not medically necessary.