

Case Number:	CM14-0207438		
Date Assigned:	02/02/2015	Date of Injury:	05/21/2012
Decision Date:	03/19/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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: New Jersey
Certification(s)/Specialty: Family Practice

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 61 year old female patient, who sustained an industrial injury on 05/21/2012. A primary treating office visit dated 10/15/2014 reported subjective complaint of left wrist with frequent pain rated a 4-5 out of 10 in intensity that radiated down to the hand and forearm. Lumbar spine noted with constant pain that radiated down bilateral thighs and left knee constant pain that is increased with sitting and or standing. Objective findings showed bilateral wrists tender with painful range of motion. She is diagnosed with lumbar spine sprain/strain, left wrist contusion rule out fracture, status post patella fracture with open reduction and internal fixation and Pars L5-S1. Motrin and omeprazole noted with refill with follow up in 4-6 weeks. On 11/11/2014 Utilization Review non-certified a request for a range of motion test to left wrist, noting the CA MTUS Chronic Pain Guidelines, Antiinflammatory/NSAIDS were cited. the injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion test for the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257. Decision based on Non-MTUS Citation ODG, Low Back, Flexibility and Flexion/extension imaging studies

Decision rationale: The MTUS ACOEM Guidelines state that as part of an evaluation following a work injury, evaluating active and passive range of motion within the patient's limits of comfort with the area is standard. This is done manually as a standard and mechanical/computerized range of motion testing is not mentioned or recommended over manual testing. The ODG states that measuring flexibility, such as with range of motion testing is not recommended as a primary criteria, but should be part of a routine physical examination, but the guidelines do not recommend computerized measurements of wrist or any other body part range of motion, such as with an inclinometer as the results have unclear value over manual testing. In the case of this worker, there were no previous recent abnormal range of motion testing results which would require any more elaborate follow-up with mechanical/computerized range of motion testing. Therefore, considering the reasons above, the range of motion testing for the left wrist is not medically necessary.

Omeprazole 20 mg, ninety count: Upheld

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

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence to suggest the worker was at an elevated risk for gastrointestinal events to justify continual and chronic use of omeprazole. Also, considering the reviewer advised discontinuing NSAID use on a regular basis, there is no medical need for the omeprazole.

Ibuprofen 800 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is

used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was evidence of chronic use of NSAIDs, including ibuprofen leading up to this request for renewal. However, there was insufficient reporting found in the documentation showing clear and measurable functional gains and pain reduction directly related to the regular ibuprofen use. Considering also the long-term risks associated with medication, particularly at moderate to high doses, the ibuprofen will be considered medically unnecessary.