

Case Number:	CM15-0004575		
Date Assigned:	01/26/2015	Date of Injury:	11/10/2009
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 51 year old female, who sustained an industrial injury on November 10, 2009. She has reported neck and back, pain wrist pain and shoulder pain. The diagnoses have included lumbar sprain/strain, lower extremity radiculitis, multi-level disc bulge, facet osteoarthritis and stenosis, bilateral upper extremity radiculitis, shoulder impingement and carpal tunnel syndrome. Treatment to date has included numerous magnetic resonance imaging (MRI) and medication. Currently, the Injured Worker complains of right elbow tenderness and decrease range of motion (ROM). Treatment includes magnetic resonance imaging (MRI) showing complete avulsion of the humoral attachment at medial collateral ligament and probable partial tear of extensor tendon of the right elbow. On January 7, 2015 utilization review non-certified a request for shock wave therapy 2X3 to right elbow and Protonix 20mg #30, noting the shock wave therapy exceeds recommended treatment and lack of documentation of gastrointestinal (GI) symptoms. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 2x3 Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Extracorporeal Shockwave Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Page 29.

Decision rationale: The requested Shockwave Therapy 2x3 Right Elbow is not medically necessary. Occupational Medicine Practice Guidelines, 2nd Edition Evaluation and Management of Common Health Problems and Functional Recovery in Workers Elbow Complaints (Revised 2007) do not recommend shockwave therapy for the elbow. The injured worker has neck and back, pain wrist pain and shoulder pain. The treating physician has documented right elbow tenderness and decrease range of motion (ROM). The treating physician has not documented diagnostic or exam evidence of calcific tendonitis nor noted this as a diagnostic impression, nor results of cortisone injections nor failed first-line therapy. The criteria noted above not having been met, Shockwave Therapy 2x3 Right Elbow is not medically necessary.

Protonix 20mg X 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, NSAID's, GI symptoms & cardiovascular risk.

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

Decision rationale: The requested Protonix 20mg X 60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck and back, pain wrist pain and shoulder pain. The treating physician has documented right elbow tenderness and decrease range of motion (ROM). The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Protonix 20mg X 60 is not medically necessary.