

<b>Case Number:</b>	CM15-0102450		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 35 year old female, who sustained an industrial injury on 2/17/15. She has reported initial complaints of left wrist injury with pain. The diagnoses have included joint derangement of the shoulder and wrist sprain. Treatment to date has included medications, diagnostics, bracing/splinting, injections, work restrictions, and home exercise program (HEP). Currently, as per the physician progress note dated 4/16/15, the injured worker complains of constant pain in the right shoulder that radiates to the shoulder blades and neck and down the elbow which she rates 5-9/10 on pain scale. She has stiffness, swelling and popping noted. She complains of constant pain in the left arm with numbness and tingling and swelling between the elbow and wrist. She complains of constant pain in the left wrist and hand rated 5-9/10 on pain scale. The pain is in the wrist bone and radiates to the elbow and shoulder. She has numbness and tingling in the left wrist and hand into the fingers. She has swelling in the wrist, popping out of veins, and purplish discoloration of the left hand with unknown triggers. She reports difficulty sleeping due to pain, stress and depression. The physical exam of the shoulders reveals tenderness to pressure over the joint with range of motion on the right reduced. The wrist exam reveals that the left wrist has decreased range of motion and positive Tinel's sign on the left. The current medications included Ibuprofen, Mapap, and over the counter medicine for migraines. The physician plan was to order Naproxen and Omeprazole. There are no previous diagnostic reports noted. The physician requested treatments included Omeprazole 20mg #30 x 2 refills, Physical therapy 3 times a week for 4 weeks for the right shoulder and left wrist, electromyography (EMG) /nerve conduction velocity studies (NCV) of the bilateral upper extremities, and Magnetic Resonance Imaging (MRI) for the left wrist and right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30 x 2 refills:** Upheld

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

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

**Decision rationale:** The patient presents with chronic pain in the left wrist and hand as well as the right shoulder. She complains of constant pain in the right shoulder that radiates to the shoulder blades and neck and down the elbow which she rates a 5-9/10 on pain scale. The request is for OMEPRAZOLE DR 20MG #30 WITH 2 REFILLS. The provided RFA is dated 04/16/15 and the patient's date of injury is 02/17/15. Diagnoses have included joint derangement of the shoulder and wrist sprain. Treatment to date has included medications, diagnostics, bracing/splinting, injections, work restrictions, and home exercise program (HEP). Current medications include Omeprazole, Naproxen, and Mapap. The patient is not currently working. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Omeprazole, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. In this case, there is only one progress report provided for review and it appears as though the treater is initiating the use of Omeprazole. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. While this patient is prescribed Naproxen, there is no record or history of gastric problems, GI risks or complains of GI symptoms. The patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.

**Physical therapy 3x4 for the right shoulder and left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The patient presents with chronic pain in the left wrist and hand as well as the right shoulder. She complains of constant pain in the right shoulder that radiates to the shoulder blades and neck and down the elbow, which she rates a 5-9/10 on pain scale. The

request is for Physical Therapy 3x4 for the right shoulder and left wrist. The provided RFA is dated 04/16/15 and the patient's date of injury is 02/17/15. Diagnoses have included joint derangement of the shoulder and wrist sprain. Per 04/16/15 report, physical examination of the left wrist revealed tenderness to palpation over the joint, muscles, and tendinous structures and range of motion is reduced and Tinel's is positive. The right shoulder has tenderness to pressure over the joint and has a significantly reduced range of motion, but impingement sign is negative. Treatment to date has included medications, diagnostics, bracing/splinting, injections, work restrictions, and home exercise program (HEP). Current medications include Omeprazole, Naproxen, and Mapap. The patient is not currently working. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. Treater is requesting for 12 sessions of physical therapy for the right shoulder and left wrist. In this case, it does not appear as though the patient has not had prior physical therapy. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the requested number of sessions exceeds guideline recommendations, which specify only 10 total. Therefore, this request IS NOT medically necessary.

**EMG/NCS of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with chronic pain in the left wrist and hand as well as the right shoulder. She complains of constant pain in the right shoulder that radiates to the shoulder blades and neck and down the elbow, which she rates a 5-9/10 on pain scale. The request is for an EMG/NCS of the bilateral upper extremities. The provided RFA is dated 04/16/15 and the patient's date of injury is 02/17/15. Diagnoses have included joint derangement of the shoulder and wrist sprain. Per 04/16/15 report, physical examination of the left wrist revealed tenderness to palpation over the joint, muscles, and tendinous structures and range of motion is reduced and Tinel's is positive. The right shoulder has tenderness to pressure over the joint and has a significantly reduced range of motion, but impingement sign is negative. Treatment to date has included medications, diagnostics, bracing/splinting, injections, work restrictions, and home exercise program (HEP). Current medications include Omeprazole, Naproxen, and Mapap. The patient is not currently working. Regarding Upper extremity electro diagnostic studies, ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260- 262 states: Appropriate electro diagnostic studies EDS may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies NCS, or in more difficult cases, electromyography EMG may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS

are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, the request for EMG/NCS is noted in the only provided report, dated 04/16/15. The Treater has not provided a reason for the request. The requesting physician has documented that the patient has cervical spine pain, which radiates into the shoulder blades, and down to the elbow. The patient reports stiffness and intermittent swelling and popping in the right shoulder. Additionally, the treater states, "The pain located in the (left) wrist bone radiates and shoots up to the elbow and shoulder. She experiences numbness and tingling in her left hand that radiates to her fingers." Examination findings do not document any neurological deficit in the upper extremities aside from subjective reports of weakness, but does document positive Tinel's in the left wrist. Given the patient's bilateral radicular pain, the requested EMG/NCS request is substantiated. Therefore, the request IS medically necessary.

**MRI for the left wrist and right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRIs (magnetic resonance imaging) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

**Decision rationale:** The patient presents with chronic pain in the left wrist and hand as well as the right shoulder. She complains of constant pain in the right shoulder that radiates to the shoulder blades and neck and down the elbow which she rates a 5-9/10 on pain scale. The request is for MRI of the left wrist and right shoulder. The provided RFA is dated 04/16/15 and the patient's date of injury is 02/17/15. Diagnoses have included joint derangement of the shoulder and wrist sprain. Per 04/16/15 report, physical examination of the left wrist revealed tenderness to palpation over the joint, muscles, and tendinous structures and range of motion is reduced and Tinel's is positive. The right shoulder has tenderness to pressure over the joint and has a significantly reduced range of motion, but impingement sign is negative. Treatment to date has included medications, diagnostics, bracing/splinting, injections, work restrictions, and home exercise program (HEP). Current medications include Omeprazole, Naproxen, and Mapap. The patient is not currently working. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRIs (magnetic resonance imaging) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienback's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging; Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40;

normal plain radiographs; Sub acute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater has not provided a reason for the request. in this case, the patient has not had any prior image studies and continues to have chronic pain in the left wrist and right shoulder. ODG guidelines allows the use of MRI imaging to perform a global examination. In this case, the left wrist does have positive Tinel's sign and while there are no neurological findings in the right shoulder, ODG guidelines support MRIs in patients with chronic pain. Therefore, the request IS medically necessary.