

Case Number:	CM15-0188884		
Date Assigned:	10/13/2015	Date of Injury:	02/12/2014
Decision Date:	12/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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, Arizona

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 51 year old male who sustained a work related injury February 12, 2014. Diagnoses are right wrist TFCC (triangular fibrocartilage complex) tear, ligament tears, ulnar positive variance; status post open reduction internal fixation with contracture, right shoulder; left shoulder compensatory strain; tennis elbow, right; cervical strain; multilevel disc herniation and degenerative disc disease, cervical spine; radiculitis right upper extremity; low back pain with degenerative disc disease with osteophytes; right knee medial and lateral meniscus tears. According to a primary treating physician's progress report dated August 20, 2015, the injured worker presented for follow-up with continued pain in his right shoulder and arm, moderate to severe neck pain and low back pain. He reported intermittent headaches and wrist, hand and palm pain, which he feels is worsening. Objective findings included; cervical spine-negative Spurling's test, range of motion elicits pain; lumbar spine-gait within normal limits, walks on heels and tiptoes without difficulty, negative seated and supine straight leg raise bilaterally; right shoulder-negative Neer's, Hawkins, compression, crossover, Speed's negative crepitus and tenderness resisted abduction strength 4 out of 5 and resisted external rotation strength 4 out of 5; left shoulder- negative Neer's Hawkin's, Speed's test; right elbow-positive tenderness over the lateral epicondyle, pain with resisted wrist flexion, pain with long finger extension, negative Tinel's at cubital and ulnar tunnel; right wrist- dorsal tenderness, pain with resisted pronation and flexion and extension of the wrist, positive lift-off test; left knee-positive lateral joint line tenderness; right knee- well healed scars, positive medial joint line tenderness. At issue, is the request for authorization for aqua therapy, Diclofenac XR, a Functional Capacity Evaluation, second opinion for hand surgery, and Omeprazole.

PR-2 note dated 9/25/15 was also reviewed. Pain is constant, pain in the neck and low back is worsening, and rated 7/10. There is difficulty performing activities of daily living, lifting paper to type, and doing minor chores due to pain. He is awaiting a second opinion and plans to hold off on wrist arthroscopy until the second opinion (hand specialist) is sought. A report of an MRI of the right wrist with flexion and extension with Arthrogram dated October 21, 2014, is present in the medical record. A report of an MRI of the lumbar spine dated September 10, 2014, is present in the medical record. A report of a multi-position MRI of the right knee dated July 18, 2014, is present in the medical record. A report of an MRI of the cervical spine dated July 18, 2014 is present in the medical record. According to utilization review dated September 3, 2015, the requests for Diclofenac XR 100mg #60, Omeprazole 20mg #60, Aqua therapy (3 x 6) (18 total visits), Hand Surgery Consultation, Second Opinion, and a Functional Capacity Assessment were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the submitted records, there is recent mention of worsening pain despite NSAID use, and ongoing stiffness, locking (of joints), and swelling. At this time, continued use of NSAIDs does not appear to be medically appropriate. As such, this request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or

perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Within the submitted request, Omeprazole is being recommended to reduce gastritis secondary to NSAID use but as the request for NSAID Diclofenac XR is not medically necessary, so too will the request for Omeprazole be considered not medically necessary. As such, the request is non-certified.

Aqua therapy 3 times per week for 6 weeks for the shoulder, neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: CA MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. There is no mention of reduced weight bearing being a necessity. There is no reason why the injured worker cannot progress with traditional land based therapy. This request is not medically necessary.

Hand surgery consultation second opinion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Cornerstones of Disability Prevention and Management ch 5, Referrals, page 92 ACOEM 2004 OMPG, Independent Medical Examinations and Consultations ch 7, Accepted purposes of Independent Medical Examinations (IMEs) page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Referrals.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. Additional expertise in this case is reasonable, given the possibility for wrist arthroscopy pending a second opinion, considering recent failure of conservative treatments to include medications and activity modification. As such, this request is medically necessary and certified.

Functional capacity assessment: 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): Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity evaluations (FCE) when re-assessing function and functional recovery. The ODG do not recommend proceeding with an FCE if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. There should be mention of a previous failure to return to work, or documentation of conflicting medical reporting on precautions and/or fitness for modified duty work. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job. Consider an FCE if: Case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precaution and/or fitness for modified work, and injuries that require detailed exploration of the workers abilities. The PR-2 note September 25, 2015 stated that the reason for the functional capacity assessment is for determining an accurate impairment rating. The criteria listed above has not been met. As such, this request is not medically necessary.