

Case Number:	CM15-0189207		
Date Assigned:	10/01/2015	Date of Injury:	06/04/2015
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
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: Arizona, California

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 54 year old female, who sustained an industrial injury on June 4, 2015, incurring injuries to the left shoulder, left elbow and both wrists. She was diagnosed with left lateral epicondylitis, left shoulder strain, bilateral wrist neuritis and bilateral wrist sprains. Treatment included physical therapy, wrist splinting, anti-inflammatory drugs, pain medications, and activity restrictions. She stopped taking anti-inflammatory drugs due to gastrointestinal discomfort. Currently, the injured worker complained of left elbow pain exacerbated with repetitive motions. She rated her pain 8 out of 10 on a pain scale from 1 to 10. She noted numbness and tingling of the left upper extremity radiating into the shoulder. She had restricted range of motion of the shoulder, elbow and wrist. Her symptoms lessened with rest. The treatment plan that was requested for authorization included a prescription for Pepcid 20 mg #30, 12 physical therapy sessions to the elbows, and 12 sessions of acupuncture to the elbows. On August 27, 2015, a request for physical therapy and acupuncture to the elbows and a prescription for Pepcid were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI Prophylaxis Pepcid 20mg twice a day for 15 days, quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Pepcid is an H2 blocker. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The Pepcid was only initiated due to initiation of NSAID use. Therefore, the continued use of Pepcid is not medically necessary.

Physical therapy to Elbows quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, physical therapy is limited to 8-10 sessions for the elbow with a waning frequency with additional exercise to be performed at home. IN this case, there is no indication that the claimant cannot perform home exercises. The 12 sessions requested exceeds the guidelines amount. The request above is not medically necessary.

Acupuncture to elbows quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, there is no information regarding response to 6 sessions of acupuncture. Although the acupuncture may provide pain relief and function, the 12 sessions requested exceeds the time to determine if it is beneficial. In addition, acupuncture is an option but not a medically necessity.