

<b>Case Number:</b>	CM15-0205426		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Pain Management, Occupational 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 68 year old male, who sustained an industrial injury on 5-26-2015. The injured worker is undergoing treatment for: CMC joint arthrosis, and left thumb pain. On 7-28-15, he reported weakness and difficulty gripping. He indicated he had no improvement since his last examination and is continuing to work with pain. On 9-1-15, he reported he was able to start physical therapy and feels it is making improvement. He indicated he is working and tries to wear the brace while driving and resting; however he reported that he is unable to work or do activities of daily living with the brace. A review of systems is noted as "all 14 systems reviewed, unchanged". There is no discussion of gastrointestinal system issues. There is no discussion of pain reduction. There is no discussion of functional improvement with the completed physical therapy sessions. The treatment and diagnostic testing to date has included: medications, multiple completed sessions of physical therapy, x-rays of the hand (8-26-15), splint. Medications have included: Diclofenac, Omeprazole. The records indicate he has been utilizing Diclofenac and Omeprazole since at least July 2015, possibly longer. Current work status: full duty. The request for authorization is for: Diclofenac XR 100mg quantity 60, Omeprazole 20mg quantity 60, physical therapy of the left thumb x18 visits and wean to home exercise program, functional capacity assessment to determine accurate impairment rating with a Doctor of Chiropractic. The UR dated 9-29-2015: non-certified the request for Diclofenac XR 100mg quantity 60, Omeprazole 20mg quantity 60, physical therapy of the left thumb x18 visits

and wean to home exercise program, and functional capacity assessment to determine accurate impairment rating with a Doctor of Chiropractic.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the left thumb, 18 visits and wean to home exercise program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines.

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

**Decision rationale:** MTUS 2009 recommends up to 10 sessions of physical therapy to treat myalgias. This patient is diagnosed with osteoarthritis of the thumb. This request for 18 sessions of physical therapy exceeds MTUS 2009 recommends. The medical records do not explain why physical therapy exceeding guideline recommendations is medically necessary in the care of this patient. Eighteen sessions of physical therapy are not medically necessary in the care of this patient.

**Diclofenac XR (extended release) 100gm, #60:** Overturned

**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), NSAIDs, hypertension and renal function.

**Decision rationale:** MTUS 2009 recommends Diclofenac as an option to treat osteoarthritis. The use of Diclofenac adheres to MTUS 2009 which is the primary reference used for the care of work related injuries Since MTUS 2009 supports the use of Diclofenac, Diclofenac is medically necessary in the care of this patient.

**Omeprazole 20mg, #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Proton pump inhibitors (PPIs).

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

**Decision rationale:** MTUS 2009 states that proton pump inhibitors such as omeprazole can be used for individuals with an intermediate risk of gastrointestinal events who are prescribed NSAIDs. This patient is 65 years old and MTUS 2009 supports the use of omeprazole in individuals over 65 years old who are prescribed NSAIDs. Omeprazole is medically necessary.

**Functional capacity assessment to determine accurate impairment rating with a doctor of Chiropractic:** 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 - Functional Capacity Evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation (FCE).

**Decision rationale:** ODG supports the use of Functional Capacity Evaluations (FCEs) prior to participation in a work hardening program when an applicant's suitability for a specific position is desired. An FCE may assist with clarifying an individual's ability to perform specific tasks required as part of a specific job for which the individual is considered. This patient is released to full duty. There are no concerns mentioned in the medical records which would fit within ODG recommendations. This functional assessment is reportedly needed to assess impairment which is not an indication according to ODG. A functional capacity assessment is not medically necessary in the care of this patient.