

Case Number:	CM15-0207971		
Date Assigned:	10/26/2015	Date of Injury:	04/26/2015
Decision Date:	12/07/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, 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 50 year old female, who sustained an industrial injury on 4-26-2015. The injured worker was diagnosed as having other sprains and strains of wrist. Treatment to date has included diagnostics and physical therapy (at least 5 sessions). On 9-29-2015, the injured worker complains of continued and constant left wrist pain (not rated), aggravated by any use of her hand-arm. She was attending therapy "and has 3 sessions remaining". Objective findings included mild swelling over the left wrist, tenderness to palpation throughout the left wrist, 50% loss of range of motion, and strength 4 of 5 throughout. Work status was modified. On 8-19-2015 the treating physician documented that x-ray showed "healed non displaced intra articular distal radius fx" and "neg fx ulna styloid". Physical therapy note dated 10-08-2015 noted primary functional limitations as including difficulty opening things, cutting, cleaning, not using left hand as much, and unable to drive. She was right hand dominant. On 10-12-2015 Utilization Review modified a request for additional physical therapy for the left wrist x8 (to 4 sessions in order to transition to an independent home exercise program), and non-certified Pantoprazole 20mg #60 with 2 refills, and Diclofenac 100mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times 8 for the left wrist: 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, Forearm, Hand, and Wrist Chapter- Physical therapy; ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function Chapter 6 page 114.

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

Decision rationale: The California MTUS does not recommend manual therapy and manipulation for chronic pain of the forearm, wrist, and hand, and as this patient's complaints are chronic in nature per the MTUS definition of "pain that persists beyond the anticipated time of healing," the requested treatment for 8 additional sessions of physical therapy cannot be considered medically necessary, particularly in light of the lack of evidence in the provided records of functional improvement after prior physical therapy treatments. In the opinion of this reviewer, the decision to modify the request to 4 sessions in order facilitate successful transition to a home exercise program is reasonable, and therefore the initial request cannot be considered medically necessary.

Pantoprazole Sodium 20mg #60 with 2 refills: Upheld

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

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

Decision rationale: The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use, particularly as diclofenac has not been shown to have efficacy allowing benefit to outweigh risk. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records coupled with the discontinuation recommendation with respect to diclofenac. Therefore, the request cannot be considered medically necessary given the provided information at this time.

Diclofenac Sodium 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the chronicity of pain in this worker, with lack of objective evidence to support functional and pain improvement on the medication, the quantity of medication requested cannot be deemed medically necessary without further evidence of efficacy/benefit outweighing the potential risks of long-term treatment.