

Case Number:	CM15-0024912		
Date Assigned:	02/17/2015	Date of Injury:	06/13/2013
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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: Florida

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 40 year old male, who sustained an industrial injury on 6/13/13. He has reported right arm injury. The diagnoses have included pain in shoulder joint, neck pain, recurrent depressive psychosis, anxiety state and pain psychogenic. Treatment to date has included oral medications, physical therapy, right ulnar decompression surgery and psychology sessions. Currently, the injured worker complains of right shoulder pain and right elbow pain. On physical exam dated the injured worker noted significant pain reduction from Norco and it allows him to tolerate physical therapy exercises. On 1/30/15 Utilization Review non-certified additional 8 post op physical therapy visits for right arm, noting 8 visits were authorized the previous day; Naproxen 550mg #90, noting there is no documentation of functional benefit and Protonix 20mg #60, noting it is not necessary as naproxen is no longer necessary. The MTUS, ACOEM Guidelines, was cited. On 2/9/15, the injured worker submitted an application for IMR for review of additional 8 post op physical therapy visits for right arm, Naproxen 550mg #90 and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 Post-op Physical Therapy for the Right Arm: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: An additional 8 physical therapy sessions are being requested status post a right ulnar nerve decompression and possible transposition and tendon lengthening on 11/11/2014. The patient had an initial 17 therapy sessions requested following this surgery, and it would appear from the medical records provided (including the appeals letter) that only 9 sessions have been completed. Likewise, an additional 8 sessions is being requested to complete the originally intended 17 therapy sessions. MTUS guidelines state regarding physical therapy recommendations for Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks. *Postsurgical physical medicine treatment period: 6 months. After a thorough review of the medical records regarding this disputed service, it does appear that an additional 8 sessions is not only supported by the guidelines, but is medically reasonable and necessary.

Naproxen 550mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would

contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. He has been taking Naproxen, but this medication has been found to not be medically necessary. Likewise; this request for Protonix is not medically necessary.