

Case Number:	CM15-0220480		
Date Assigned:	11/13/2015	Date of Injury:	12/03/2012
Decision Date:	12/22/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55-year-old woman sustained an industrial injury on 12-3-2012. Diagnoses include left wrist volar ganglion cyst and status post lumbar decompression and fusion. Treatment has included oral medications, lumbar spine surgery, and aquatic therapy. Physician notes from an orthopedic examination dated 10-27-2015 show complaints of low back pain. The physical examination shows a mobile and tender cyst over the left volar wrist, tenderness to palpation over the paraspinal musculature, and flexion is reduced to 50 out of 60 degrees. Recommendations include land physical therapy, left ganglion cyst removal, Tramadol, and Omeprazole. Utilization Review denied requests for land physical therapy, ganglion cyst removal, Tramadol, and Omeprazole on 11/3/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land physical therapy Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: CA MTUS/Post surgical guidelines, Low Back section, page 25-26 recommend 34 visits over 16 weeks for lumbar fusion. Guidelines initially recommend the recommended visits. In this case, the worker has been in aquatherapy, but the number of visits and response are not discussed. The number of additional visits at land based therapy is not specified. The request is not medically necessary.

Left ganglion cyst removal Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand - Surgery for ganglion cysts.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand conditions, page 271, ganglion excision is recommended after aspiration has failed to resolve the condition. As the exam, notes do not demonstrate an attempt at aspiration. The request is not medically necessary.

Tramadol (unspecified dosage and quantity) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. In this case, the requested dosage or quantity is not specified. The request is not medically necessary.

Omeprazole (unspecified dosage and quantity) Qty: 1.00: 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: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. In this case, the requested dosage or quantity is not specified. The request is not medically necessary.