

<b>Case Number:</b>	CM15-0046747		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Internal 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 46 year old female who sustained an industrial injury on January 28, 2011. The injured worker was diagnosed with cervical sprain/strain, right elbow tenosynovitis and right carpal tunnel syndrome. The injured worker is status post subacromial decompression of the right shoulder on April 14, 2014, right carpal tunnel release on August 14, 2014 and open repair of right common extensor tendon with suture anchor on October 16, 2014. Each procedure was followed by post-operative physical therapy as documented in the medical records. Electromyography (EMG) /Nerve Conduction Velocity (NCV) studies were performed on October 2, 2014. A right shoulder magnetic resonance imaging (MRI) was performed on November 20, 2014. According to the most recent progress report on November 17, 2014, the injured worker continues to experience residual right shoulder pain with decreased range of motion and tenderness at the subacromial bursa. Normal sensation was noted. Current medications were not noted. The most recent reports in February which correspond to the physician request for Prilosec and physical therapy 3 x 4 for post-operative right shoulder, bilateral wrist and left elbow were noted to contain references to citations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 1/19/2014.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The primary treating physician's progress report dated 2/2/15 did not document NSAID use. No gastrointestinal complaints or conditions are documented. The 2/2/15 progress report does not provide support for the use of Prilosec (Omeprazole). The request for Prilosec is not supported by MTUS guidelines. Therefore, the request for Prilosec is not medically necessary.

**Initial physical therapy 3x 4 right shoulder, bilateral wrists and left:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document a history of right elbow tendon release surgery, right wrist carpal tunnel release surgery, and right shoulder surgery. Medical records document that the patient had PT physical therapy in August, September, and October 2014. A certification letter dated 10/24/14 documented that additional PT physical therapy was authorized. The primary treating physician's progress report dated 2/2/15 did not document functional improvement with past physical therapy. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The request for 12 additional visits of PT physical therapy exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical therapy is not medically necessary.