

Case Number:	CM14-0115094		
Date Assigned:	08/04/2014	Date of Injury:	10/01/2013
Decision Date:	10/07/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 41 year old female with a 10/1/13 injury date. She sustained a laceration and fracture of her right hand and had surgical repair. In a follow-up on 6/16/14, subjective complaints included right wrist pain with no improvement. Objective findings included tenderness to palpation and spasm of paracervical muscles, reduced cervical range of motion, decreased sensation right median nerve distribution, tenderness over the right wrist joint, normal right wrist range of motion, and positive Tinel's sign. The patient was release to modified work duty. Diagnostic impression: cervical sprain, right carpal tunnel syndrome. Treatment to date: occupational therapy (30 sessions), medications, right hand surgical repair, injections, acupuncture. A UR decision on 7/3/14 denied the request for right hand/wrist therapy on the basis that the patient has already had at least 30 prior OT sessions and should be sufficiently educated in a home exercise program by now. The request for omeprazole was denied on the basis that there was no evidence from the records that the patient suffered from gastrointestinal disorders or symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy to the right hand/ wrist 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 270, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. In the present case, it is not clear from the documentation what the rationale is for restarting hand therapy. After at least 30 occupational therapy sessions in the past, the patient would be expected to be sufficiently educated in a home exercise program. The medical necessity for restarting therapy is not established in this case. Therefore, the request for Hand Therapy to the right hand/ wrist 3 times per week for 4 weeks is not medically necessary.

Omeprazole DR 20mg, take 1 daily, #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms & Card. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. However, in the present case there was no documented evidence of gastrointestinal complaints or disorders. The rationale for requesting omeprazole treatment was not clear. Therefore, the request for Omeprazole DR 20mg, take 1 daily, #30, 2 refills, is not medically necessary.