

Case Number:	CM14-0149636		
Date Assigned:	09/18/2014	Date of Injury:	09/13/2012
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 39-year-old male with a 9/13/12 date of injury. The patient suffered a severe injury throughout the right wrist as a result of working in a detention center and attempting to calm down a juvenile delinquent. According to a progress report dated 6/4/14, the patient was seen for follow-up status post right carpal tunnel release performed on 5/15/14. He complained of constant sore and achy pain, swelling, and stiffness in the right wrist and thumb. He reported a pain score of 5 on a 0-10 scale throughout the post op right wrist. Objective findings: limited range of motion of right wrist, moderate tenderness to palpation along the anterior surface of the right hand and wrist and moderate plus point tenderness over the incision site. Diagnostic impression: right wrist and thumb sprain with residual pain and stiffness, status post right wrist CTR on 5/15/14. Treatment to date: medication management, activity modification, physical therapy, carpal tunnel release (5/15/14). A UR decision dated 8/14/14 denied the requests for Omeprazole, continue post op physical therapy, and range of motion. Regarding Omeprazole, documentation does not describe current GI symptoms or describe risk factors for GI bleed to warrant prophylaxis. It is understood that this is a request for continuation of postoperative physical therapy for carpal tunnel syndrome release. The patient was certified for an initial 4 sessions of postoperative physical therapy on 6/18/14; however, there is no description of the patient's response to treatment or rationale indicating why additional sessions are required versus transition to a self-directed home exercise program at this time. Regarding range of motion, documentation does not describe why this special computerized ROM testing is needed over performing routine measurements as part of a routine musculoskeletal exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. According to the records reviewed, the patient has been taking Naproxen. Guidelines support the prophylactic use of omeprazole in patients utilizing chronic NSAID therapy. Therefore, the request for Omeprazole 20mg #90 is medically necessary.

Continue post op physical therapy (unspecified frequency and duration): Upheld

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

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

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. According to the UR decision dated 8/18/14, this is a request for continuation of postoperative physical therapy for carpal tunnel syndrome release. However, the number of sessions and the time period were not noted in this request. Guidelines support up to 3-8 visits over 3-5 weeks postsurgical carpal tunnel release. It is noted that the patient was certified for an initial 4 sessions of postoperative physical therapy on 6/18/14. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Therefore, the request for Continue post op physical therapy (unspecified frequency and duration) is not medically necessary.

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low back Chapter-Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS does not address this issue. Computerized range of motion testing is not supported per ODG. They can be done with inclinometers, but the results (range of motion) are of unclear therapeutic value. A specific rationale identifying why the patient requires this type of testing was not provided. Therefore, the request for Range of motion was not medically necessary.