

Case Number:	CM15-0110146		
Date Assigned:	06/19/2015	Date of Injury:	06/19/2014
Decision Date:	08/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male who sustained an industrial injury on June 19, 2014. He has reported injury to the hands, forearms, and elbows and has been diagnosed with cervical spine pain, cervical myofascialgia, non-discogenic, bilateral shoulder pain, bilateral trapezius myofasciitis, bilateral elbow pain, lateral epicondylitis, bilateral elbow, right shoulder impingement syndrome, bilateral wrist pain, bilateral hand pain, rule out carpal tunnel, and thoracic spine sprain/strain. Treatment has included physical therapy, medications, and splinting. There was tenderness to palpation of the cervical paraspinals from C1 to the C7. There was tenderness to the bilateral upper trapezius muscles with triggering. There was tenderness to the right subacromial region to palpation. There was palpable tenderness to the lateral epicondyles of both elbows. There was palpable tenderness to the volar aspects of both wrists, right greater than left. The treatment request included X-rays of the cervical spine, right shoulder, bilateral elbows, wrists, and hands and protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 21; 177-178.

Decision rationale: The injured worker sustained a work related injury on June 19, 2014. The medical records provided indicate the diagnosis of cervical spine pain, cervical myofascialgia, non discogenic, bilateral shoulder pain, bilateral trapezius myofasciitis, bilateral elbow pain, lateral epicondylitis, bilateral elbow, right shoulder impingement syndrome, bilateral wrist pain, bilateral hand pain, rule out carpal tunnel, and thoracic spine sprain/strain. Treatment has included physical therapy, medications, and splinting. The medical records provided for review do not indicate a medical necessity for X-Ray Cervical Spine. The medical records indicate the physical examination was negative for neurological disorder or other red flag features. The MTUS does not recommend special studies, including X-ray except due to the following conditions: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure.

X-Ray Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The injured worker sustained a work related injury on June 19, 2014. The medical records provided indicate the diagnosis of cervical spine pain, cervical myofascialgia, non discogenic, bilateral shoulder pain, bilateral trapezius myofasciitis, bilateral elbow pain, lateral epicondylitis, bilateral elbow, right shoulder impingement syndrome, bilateral wrist pain, bilateral hand pain, rule out carpal tunnel, and thoracic spine sprain/strain. Treatment has included physical therapy, medications, and splinting. The medical records provided for review do not indicate a medical necessity for X-Ray Right Shoulder. The medical records indicate the injured worker had normal range of shoulder motion, the physical examination was negative for neurological disorder or other red flag features. The MTUS does not recommend special studies, including x-ray except due to the following conditions: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure.

Protonix #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on June 19, 2014. The medical records provided indicate the diagnosis of cervical spine pain, cervical myofascialgia, non discogenic, bilateral shoulder pain, bilateral trapezius myofasciitis, bilateral elbow pain, lateral epicondylitis, bilateral elbow, right shoulder impingement syndrome, bilateral wrist pain, bilateral hand pain, rule out carpal tunnel, and thoracic spine sprain/strain. Treatment has included physical therapy, medications, and splinting. The medical records provided for review do not indicate a medical necessity for Protonix #30. Protonix (pantoprazole sodium) is a proton pump inhibitor. The MTUS recommend the addition of the proton pump inhibitors to the treatment of individuals at the risk of gastrointestinal events when they are being treated with NSAIDs. The medical records do not indicate the injured worker is at risk for gastrointestinal events. Besides, the Official Disability Guidelines does not recommend the use of pantoprazole as a first line agent.

X-Ray Bilateral Elbows, Wrists and Hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on June 19, 2014. The medical records provided indicate the diagnosis of cervical spine pain, cervical myofascialgia, non discogenic, bilateral shoulder pain, bilateral trapezius myofasciitis, bilateral elbow pain, lateral epicondylitis, bilateral elbow, right shoulder impingement syndrome, bilateral wrist pain, bilateral hand pain, rule out carpal tunnel, and thoracic spine sprain/strain. Treatment has included physical therapy, medications, and splinting. The medical records provided for review do not indicate a medical necessity for X-Ray Bilateral Elbows, Wrists and Hands. The medical records indicate that except for positive phalen's and tinels test, the physical examination of the affected parts were normal; the injured worker had a negative elbow x-ray in the past, and since then there has been no progressive neurological disorder or other red flag features. Except for suspected fracture, Table 11-6 in the he MTUS compares the Ability of various techniques to Identify and define forearm, wrist, and hand pathology. In this table, the only two conditions where the MTUS recommended x-ray are for Ganglion Cyst and Infection.