

Case Number:	CM15-0167238		
Date Assigned:	09/17/2015	Date of Injury:	12/05/2014
Decision Date:	11/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York
 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 35 year old female who sustained an industrial injury on 12-5-2014. A review of medical records indicates the injured worker is being treated for blunt injury MP joint. Medical record dated 4-14-2015 noted pain in the right hand thumb. Physical examination noted tenderness and limited range of motion right thumb. Treatment has included physical therapy, acupuncture, and medication. Further documentation was available; however, there were no dates on the medical records. The Utilization review form dated 7-20-2015 noncertified re- evaluate, ultrasound right scapula, consultation internal medicine consultation for gastrointestinal, Motrin 600 mg, Prilosec 20 mg, and Solar care FIR, heating pad portable right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluate Qty: 1.00: Overturned

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

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

Decision rationale: MTUS does not address this request. Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. The injured worker reports no significant improvement in function with treatment modalities provided to date. The recommendation for re-evaluation is appropriate. Per guidelines, the request for re-evaluate Qty: 1.00 is medically necessary.

Ultrasound Right scapula Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Per guidelines, ultrasound may be used for detection of full-thickness rotator cuff tears. Compared to MRI, Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. The injured worker complains of chronic right shoulder pain. Physician report at the time of the requested service under review indicates a diagnosis of possible Lipoma, but there is no documentation of objective clinical findings to support the medical necessity for ordering ultrasound. Furthermore, chart documentation fails to show any red flags or unexplained physical findings on examination that would warrant imaging of the scapula. The request for Ultrasound Right scapula Qty: 1.00 is not medically necessary per guidelines.

Consultation Internal medicine consultation for gastrointestinal Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker complains of upset stomach with Ibuprofen. Not having had a trial off NSAIDs, the medical necessity for Internal Medicine consult has not been established. The request for Consultation Internal medicine consultation for gastrointestinal Qty: 1.00 is not medically necessary.

Motrin 600mg Qty: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured complains of ongoing right upper extremity pain, without evidence of significant objective improvement in pain or function on current medication regimen. Furthermore, there is report of upset stomach with Ibuprofen. With MTUS guidelines not being met, the request for Motrin 600mg Qty: 120.00 is not medically necessary.

Prilosec 20mg Qty: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker complains of upset stomach with Ibuprofen. With the continued use of Motrin not having been approved, the use of Prilosec is no longer indicated. The request for Prilosec 20mg Qty: 60.00 is not medically necessary per MTUS guidelines.

Solar care FIR, heat pad portable right shoulder (indefinite use): Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Infrared therapy (IR).

Decision rationale: MTUS does not address this request. ODG does not recommend Infrared therapy over other heat therapies. Infrared therapy may be considered for a limited trial for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). MTUS provides no evidence recommending the routine use of high tech devices over the use of local cold or heat wraps. The injured complains of chronic right shoulder pain. Documentation fails to show that the injured worker has a condition that fits the criteria for the use of infrared therapy. The request for solar care FIR, heat pad portable right shoulder (indefinite use) is not medically necessary per guidelines.