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| Case Number: | CM15-0071589 | | |
| Date Assigned: | 04/21/2015 | Date of Injury: | 06/11/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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, Indiana, 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 51 year old male, who sustained an industrial injury on 6/11/14. He reported right wrist injury. The injured worker was diagnosed as having right chronic wrist pain, right de Quervain's disease and status post left lateral epicondylar surgery. Treatment to date has included acupuncture, oral medications including narcotics, oral NSAIDS, activity restrictions and physical therapy. Currently, the injured worker complains of right wrist pain 1-8/10. It is noted the pain is mild and has improved since previous visit. Physical exam noted stiffness and protective movements. The treatment plan included x-rays of bilateral wrists and (MRA) magnetic resonance angiogram of right wrist and ibuprofen and Prilosec refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of bilateral clenched fist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray of the bilateral clenched fist is not medically necessary. X-rays are indicated for most patients with known or suspected trauma of the hand, wrist or both. The conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. The indications for radiographic imaging are enumerated in the Official Disability Guidelines. See the guidelines for details. In this case, the injured worker's working diagnoses are status post left inguinal hernia repair; carpal tunnel syndrome; DeQuervain's tenosynovitis; right groin pain. A progress note dated February 17, 2015 is not containing objective findings referable to the right hand. There is a cursory examination of the wrist. There are no objective findings referable to the hand. Clenched fist views are typically used to evaluate widening of a scapholunate interval and detection of occult wrist ligamentous injury. The injured worker already had an MRI of the wrist. There is no physical examination/documentation to support pain in the scapholunate area. There is no objective documentation that describes range of motion, strength any specifics regarding a ligamentous injury of the affected extremity. Consequently, absent clinical documentation with a clinical indication/rationale and objective clinical findings, x-ray of the bilateral clenched fist is not medically necessary.

Prilosec 20mg #30 with 1 refill: 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #30 with one refill is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are status post left inguinal hernia repair; carpal tunnel syndrome; DeQuervain's tenosynovitis; right groin pain. Prilosec was started October 6, 2014. The injured worker was on Naprosyn at that time. Naprosyn was subsequently discontinued and Motrin started. There were no comorbid, risk factors for past medical history indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drug use. Consequently, absent clinical documentation with comorbid conditions, risk factors or past medical history compatible with gastrointestinal events (supra), Prilosec 20 mg #30 with one refill is not medically necessary.

