

Case Number:	CM15-0094501		
Date Assigned:	05/21/2015	Date of Injury:	09/01/2003
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on 09/01/2003. She reported developing symptoms of carpal tunnel syndrome and thoracic outlet syndrome, such as pain, numbness, tingling, and swelling of both hands radiating to her shoulders bilaterally. She later developed headaches and shoulder pain. The injured worker is currently off work and temporarily totally disabled. The injured worker is currently diagnosed as having bilateral carpal tunnel syndrome status post carpal tunnel release, bilateral thoracic outlet syndrome status post-surgical treatment, tenosynovitis of the bilateral upper extremities, left elbow ulnar neuropathy, adjustment disorder with anxiety and depression, dysautonomia, and headaches associated with thoracic outlet syndrome. Treatment and diagnostics to date has included carpal tunnel release surgery, thoracic surgery, angiogram which showed positive thoracic outlet syndrome bilateral at the pectoralis minor tendon space, physical therapy with slight improvement after 4 sessions, and medications. In a progress note dated 03/19/2015, the injured worker stated she is doing much better since her surgery and that her pain does increase after physical therapy but overall she is improving. She states that she does get tight muscles in the cervical region and shoulders, but this has improved as well. Objective findings include moderate neck spasms and mild bleeding below acromioclavicular joint to right shoulder with dressing in place. The treating physician reported requesting authorization for physical therapy and Dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 s/p right pectoralis tendon release of the brachial plexus: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment

Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 10, 27.

Decision rationale: Regarding the request for physical therapy, CA MTUS supports up to 20 sessions after surgery for thoracic outlet syndrome, with half that amount recommended initially and additional sessions dependent upon functional improvement. Within the documentation available for review, the patient was said to be improving with PT, but had not yet completed all of the 12 sessions initially authorized after surgery. Regardless, the utilization reviewer modified the request to certify 8 additional sessions to bring the total of authorized sessions to the 20 recommended by the CA MTUS. The request for 12 additional sessions exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Dexilant 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Dexilant, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, the patient is said to have reflux, but there is no indication that the patient has failed first-line agents prior to initiating treatment with Dexilant (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Dexilant is not medically necessary.