

Case Number:	CM15-0099168		
Date Assigned:	06/01/2015	Date of Injury:	09/16/2013
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male who sustained an industrial injury on September 16, 2013. He has reported injury to the bilateral shoulders, bilateral knees, and right toe and has been diagnosed with cervical radicular symptomatology, lack of correlation of the patients MRI scan of the cervical spine and EMG nerve conduction study, symptomatic carpal tunnel syndrome, right and left wrist, symptomatic right and left knee patellofemoral chondromalacia, rule out medial meniscus tear, rule out loose body, and right foot fifth toe hyperostosis regrowth. Treatment has included medications, injections, physical therapy, activity modification, and acupuncture. There was no swelling, deformity, spasm, ecchymosis, or atrophy of the right and left shoulder. Range of motion was within normal limits. There was no deformity, spasm, swelling, ecchymosis, or atrophy to bilateral knees. There was decreased range of motion. There was a healed dorsal incision over the right fifth toe distal phalanx with evidence of a regrowth of the dorsal aspect of the mid phalanx. The treat request included physical therapy, MRI, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

MRI of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://odg-twc.com/odgtwc/knee.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: ACOEM recommends that a decision to image the knees be based on a clear history and physical examination and related differential diagnosis. The rationale and differential diagnosis at this time supporting such MRI imaging is not apparent in the records. This request is not medically necessary.

Naproxen bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI Symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; NSAIDs specific drug list & adverse effects Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as first-line treatment for musculoskeletal pain at the lowest possible dosage to avoid side effects. The request does not specify a dosage and thus the guideline cannot be applied; this request is thus not medically necessary.

Omeprazole bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI Symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; NSAIDs specific drug list & adverse effects Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary