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| <b>Case Number:</b>   | CM14-0102165 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 09/28/2013 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 06/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/02/2014 |

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41 year old male who sustained a work related injury on 7/28/13 while driving a semi-truck and being involved in an accident with another motor vehicle. According to a qualified medical examination performed on 6/9/14, the injured worker experienced back, neck, wrist and hip pain subsequent to the accident. His diagnoses included cervical strain, lumbar spine strain, left hip strain, and left wrist pain. These diagnoses were likely secondary to DeQuervain's tenosynovitis. Per the qualified medical examination, the injured worker's status was not permanent and he would benefit from treatment, including physical therapy and medication. The injured worker underwent a pain management evaluation on 3/14/14. His diagnoses included cervical radiculopathy and sprain/strain, wrist pain and insomnia. The medications prescribed included Hydrocodone, Anaprox, Soma, and Protonix. Physical therapy 2-3 times per week for 4-6 weeks was also prescribed. The progress notes dated 4/7/14 and 5/19/14 from the injured worker's primary treating physician as well as pain management physician indicated that the injured worker continued to experience symptoms of neck and wrist pain. The recommendations for the injured worker included continued pain control with medication, physical therapy, and a magnetic resonance imaging scan of the left wrist. Per the utilization review dated 6/18/14, physical therapy was denied based on the premise that the injured worker had already received physical therapy and the outcomes were not documented. The pain management consultation was also denied based on the fact that the injured worker had already been evaluated by a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** The injured worker has established medical care with an existing pain management specialist who initially evaluated him on 3/14/14. Therefore, there is no need for a new pain management consultation and this is not medically necessary.

**PT/Chiro x 8 for Left Wrist and C-Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand.

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

**Decision rationale:** Physical therapy for the injured worker's wrist and cervical spine is indicated as a first line of treatment along with medication. The patient has not received rehabilitation for his injuries. To this point, per the documentation, he has only received management of his pain with medication. Therefore, the requested physical therapy/chiropractic care times 8 is medically necessary. The previous denial was predicated on the injured worker having already received physical therapy. There is no documentation that the injured worker has indeed received a trial of physical therapy.