

<b>Case Number:</b>	CM14-0150309		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 43 year old female with a date of injury on 7/18/2012. Diagnoses are of bilateral wrist tenosynovitis, and cervical strain/sprain. Subjective complaints are of neck pain 5/10 and bilateral wrist pain with weakness and numbness. Physical exam shows tenderness at the bilateral wrists and decreased grip strength. The cervical spine has tenderness over the paraspinal muscles with normal range of motion and normal sensation. Medications include Tylenol #3, Mentherm, and Omeprazole. Request is for a TENS unit for the wrist, 15 sessions of physical therapy for the cervical spine and wrists, Mentherm, and Tylenol #3. Electrodiagnostic studies were normal from 10/22/2012 study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x15 for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (Forearm, Wrist & Hand Chapter)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, HAND/WRIST, PHYSICAL THERAPY

**Decision rationale:** The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. For cervical sprains/ strains the recommended physical therapy is 10 sessions over 8 weeks. For tenosynovitis of the wrist 9 treatments over 8 weeks is recommended. For this patient, the amount of prior physical therapy is unclear. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 15 physical therapy sessions exceeds guideline recommendations, and therefore is not medically necessary.

**Tens unit, two lead, localized:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-122.

**Decision rationale:** CA MTUS guidelines for TENS use include; chronic pain longer than 3 months; evidence that conservative methods and medications have failed; as an adjunct to a program of evidence-based functional restoration; and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, active therapy in conjunction with TENS has not been noted. Furthermore, a one month trial of documented outcomes is not present in the submitted documentation. Therefore, the request for TENS unit is not medically necessary.

**Topical menthoderm 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Therefore, the use of Methoderm gel is not consistent with guideline recommendations. The request is not medically necessary.

**Tylenol #3 30/300mg #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines including risk assessment, urine drug screening, attempts at weaning, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. Therefore, the medical necessity of Tylenol with Codeine is not established. The request is not medically necessary.