

<b>Case Number:</b>	CM14-0173665		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old female who had a work injury dated 3/14/14. The diagnoses include cervical/trapezial musculoligamentous sprain/strain with attendant muscle contraction headaches; bilateral forearm/wrist overuse flexor and extensor tenosynovitis with carpal tunnel syndrome; bilateral elbow medial and lateral epicondylitis with cubital tunnel syndrome; lumbosacral musculoligamentous sprain/strain with attendant bilateral tower extremity radiculitis; bilateral knee/patellofemoral arthralgia; history of depression, anxiety and stress, deferred to appropriate specialist; history and complaint of gastrointestinal upset/stomach pain, deferred to appropriate specialist; history and complaint of weight gain. Under consideration are requests for physical therapy a low back quick dry wrap for better support and stability of the low back, evaluation and treatment with a psychologist, a consult with an internist for gastrointestinal upset, and a weight loss program through Lindora for 10 week. There is a progress note dated 9/10/14 that states that the patient complains of neck pain with headaches; bilateral elbow/forearm/wrist/hand pain with numbness and tingling radiating to all finger, right side worse than left; low back pain radiating to the lower extremities. Left side worse than right; bilateral knee pain with popping and cracking; history and complaints of depression, anxiety and stress; history and complaint of gastrointestinal upset/stomach pain; history and complaint of weight gain. Trapezius muscles. There is tenderness at the suboccipital triangle. Axial compression test and Spurling's test increase neck pain. Cervical flexion is to 40 degrees, extension to 48 degrees, right side bending to 34 degrees; left side bending to 32 degrees, right rotation to 62 degrees, and left rotation to 60 degrees. Bilateral elbow exam revealed tenderness over the lateral and to a lesser extent over the medial epicondyles, right worse than left. Tinel's test over the cubital tunnel and bent elbow test are positive bilaterally. Cozen's and reverse

Cozen's tests are positive for Increased pain in the lateral and medial epicondyles, right worse than left. Examination of the bilateral forearms/wrists/hands revealed tenderness over the distal flexors and extensors of the forearms/wrists with increased pain upon passive stretching and resisted motion of the wrists, right worse than left. Tenderness to palpation is also present over the first dorsal extensor compartments, right worse than left. Tinel's, Phalen's, and Finkelstein's tests are positive bilaterally. Lumbar examination revealed tenderness and muscle guarding in the paravertebral/ musculature. There is tenderness over the lumbosacral junction and bilateral sciatic notches. Straight Leg Raise test is positive bilaterally both seated and supine. Lumbar flexion is to 40 degrees, extension to 10 degrees; right side bending to 12 degrees, and left side bending to 12 degrees. Bilateral knee examination revealed tenderness over the medial joint lines and peripatellar regions and to a lesser extent over the lateral joint lines, left worse than right. McMurray's test elicits bilateral knee pain but clicking is absent. Patellofemoral/ compression/Grind test is positive bilaterally for retropatellar pain. Right knee motion is from 0-140 degrees. Left knee motion is from 0-130 degrees. The patient was given bilateral wrist and knee braces. The treatment recommendations included physical therapy to increase ranges of motion and strength and decrease pain and spasm, Electromyography (EMG)/Nerve Conduction Velocity (NCV) testing of upper extremities, a low back quick dry wrap for better support and stability of the low back, evaluation and treatment with a psychologist, a consult with an internist for gastrointestinal upset, and a weight loss program through Lindora for 10 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy two (2) times a week for four (4) weeks: Upheld**

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

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

**Decision rationale:** Per guidelines, physical therapy two (2) times a week for four (4) weeks is not medically necessary as written. The request does not indicate which body part the therapy is for. The documentation submitted is the doctor's first report of occupational injury for this condition however it is not clear if the patient has had recent physical therapy. Further clarification of how much prior therapy and what body part the therapy is for prior to recommending additional therapy.

**Low back quick dry wrap: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9; 301.

**Decision rationale:** Low back quick dry wrap is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation states that the dry wrap was requested to provide more stability and support of the low back. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The request for a low back quick dry wrap is not medically necessary.

**Evaluation and treatment with psychologist and internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine guidelines, Chapter 7, Page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Evaluation and treatment with psychologist and internist is not medically necessary per the MTUS guidelines. The guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. Although the patient has needs for both a psychologist and internist evaluation, the request as written asks for both evaluation and treatment. The treatment does not have a quantity and would depend on the evaluations of the psychologist and internist whether this would be medically necessary. Therefore the request as for evaluation and treatment with psychologist and internist is not medically necessary.

**Weight loss program through [REDACTED]; ten (10) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15630109>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US) and the Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep

**Decision rationale:** Weight loss program through [REDACTED]; ten (10) weeks is not medically necessary per the MTUS guidelines and the guidelines from the NHLBI. The MTUS states that to achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal

pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. The NHLBI states that there is strong evidence that combined interventions of a low calorie diet, increased physical activity, and behavior therapy provide the most successful therapy for weight loss and weight maintenance. The documentation does not reveal that the patient has attempted exercise, weight loss or diet changes independently to lose weight. The request for Weight loss program through [REDACTED] ten (10) weeks is not medically necessary.