

<b>Case Number:</b>	CM14-0023712		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 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 underlying date of injury in this case is 06/14/2006. This patient is status post a right ulnar nerve neuroplasty at the shoulder on 10/09/2013 along with ulnar nerve transposition at the elbow. As of 01/28/2014, the patient was seen in followup regarding his brachial plexus decompression and ulnar nerve transposition. The claimant continued to take opioid medications. Additionally, he was noted to have responded well to Lyrica historically. The treating physician recommended ongoing physical therapy at that time. As of 01/28/2014, the treating physical rehabilitation physician saw the patient in followup. The patient reported progressively worsening right arm radiculopathy with numbness, tingling, and weakness. Specific physical examination findings were not noted. A stat request was made for physiatry evaluation to rule out thoracic outlet versus cervical radiculopathy and to consider differential injections for these conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIFFERENTIAL SHOTS WITH PAIN MANAGEMENT CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

**Decision rationale:** The terminology used is not fully clear in understanding the nature of this request. It appears that this request may be for epidural injections in the cervical spine. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. If this is the type of injection requested or alternatively if there is an alternate type of injection requested, the treatment guidelines generally recommend documenting a history, physical examination, and diagnostic data to support indication for any type of invasive pain management. The records in this case are very limited and do not clearly provide such details. This request is not medically necessary.

**PHYSICAL THERAPY 2-3 TIMES PER WEEK FOR 4-6 WEEKS:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommend to transition to an active independent home rehabilitation program. The patient would be anticipated to have transitioned to such an independent rehabilitation program prior to the current request. The current request for up to 18 therapy visits is not clearly supported by the guidelines as the rationale and specific methods and goals proposed are not apparent. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.