

<b>Case Number:</b>	CM14-0031864		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Orthopedic Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 42-year-old female who reported an injury on 06/12/2012 of unknown mechanism. The injured worker had a physical examination on 11/27/2013; she complained of moderate pain in the left shoulder, moderate to severe pain in the neck with radicular symptoms in the upper extremities. The cervical spine exam revealed restricted and painful range of motion. Tenderness to palpation over the paraspinal musculature with paraspinal spasms noted. Positive foraminal compression test. Spurling's test is positive. The injured worker is positive for the Tinel's and Phalen's test. The injured worker had an magnetic resonance imaging (MRI) was dated 03/01/2013, which revealed loss of intervertebral disc and disc desiccation changes seen at the C4-5 and C5-6 levels with straightening of the normal cervical spine lordosis. At the C4-5, C5-6 levels annular concentric and broad based 3 to 3.2 mm disc protrusions present, flattening and abutting the anterior portion of the thecal sac with mild bilateral lateral spinal and neural foraminal stenosis. There is decreased anterior subarachnoid space. The injured worker had an electromyography study on 08/24/2012, which showed entrapment neuropathy of the median nerve of the left wrist with mild slowing of nerve conduction velocity. There was entrapment neuropathy of the ulnar nerve at the right wrist, mainly affecting the sensory fibers. Medications being taken were not listed. Diagnoses for the injured worker were herniated cervical discs C4-5, C5-6, positive MRI with radiculitis/radiculopathy, status post left shoulder arthroscopic surgery 04/06/2013, left elbow strain/sprain rule out lateral epicondylitis, left wrist and hand strain/sprain carpal tunnel syndrome, ulnar entrapment, positive electromyography/Nerve Conduction Velocity Test, right wrist and hand strain/sprain, lumbar spine strain/sprain rule out herniated lumbar disc with radiculopathy, right foot and ankle strain/sprain arthralgia, gastritis, and acute cephalgia. The injured worker was to get a cervical epidural steroid injection the day of this examination. The rationale and request for authorization were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy two times per week for six weeks for right hand and wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The injured worker has had 24 sessions of physical therapy for her hands. Carpal tunnel syndrome revision for the right hand is scheduled for 03/28/2014. The California Medical Treatment Utilization Schedule states there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. She had 24 sessions of physical therapy in the past where a person is encouraged to continue at home with the exercises. There is no documentation of the injured worker doing home exercises or stretching techniques. The request exceeds the recommended guidelines. Therefore, the request is not medically necessary and appropriate.

**Percocet 5/325mg #30, prescribed 1-16-14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** Measurable gains in functional improvement were not reported. Pain values such as pain relief side effects, expected outcomes over time were not reported. The California Medical Treatment Utilization states pain assessment should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Ongoing review and documentation of pain relief, and functional status were not reported. The request submitted did not indicate the frequency for the medication. Therefore, the request is not medically necessary and appropriate.

**Relafen 750mg #60, prescribed 1-16-14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-70.

**Decision rationale:** There were no reports of medications tried and failed. The California Medical Treatment Utilization Schedule states acetaminophen may be considered for initial therapy for patients with moderate to severe pain. There were no measurable gains in functional improvement reported in the document. The request submitted does not indicate the frequency for the medication. Pain assessment and/or side effects were not documented before and after medications tried previously. Therefore, the request is not medically necessary and appropriate.