

<b>Case Number:</b>	CM14-0086366		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Illinois. 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 65 year old female with a reported date of injury on 07/08/2008. The mechanism of injury was repetitive use of upper extremities. Her diagnoses were carpal tunnel syndrome, cervical degenerative disk disease, chronic bilateral shoulder pain, symptomatic left upper extremity ulnar neuropathy, diffuse regional myofascial pain, chronic pain syndrome with both sleep and mood disorder, and bilateral hand pain. It was noted on 05/02/2014 that she had already completed 5 sessions of physical therapy. The response to the completed sessions of physical therapy was noted by provider as "bilateral upper extremity flexibility, strength, and range of motion are improving". She has also been taking naproxen 500mg twice a day to manage pain symptoms. It is noted that injured worker stated "she does not want to take it anymore as it increases her hypertension." There were no diagnostic studies provided for review. The surgical history included right shoulder rotator cuff repair on 11/01/2010, left shoulder rotator cuff repair on 08/12/2012, and right carpal tunnel release. The injured worker's subjective complaints were bilateral neck, shoulder, and wrist/hand pain. Additionally reported was difficulty gripping, grasping and during computer work. The physical examination findings were bilateral upper extremity weakness, numbness in the left hand (at night only), and stiffness in the neck. The severity of the pain was 5/10, quality of pain burning, and duration of pain constant but variable in intensity. The medications included Naproxen 500mg, Voltaren 1% gel apply up to 4 times a day, and Trazadone 100mg once at night. The treatment plan was to continue naproxen and continue physical therapy. The rationale for the requests and the request for authorization form was not provided in records received for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Pages 48, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back (Acute & Chronic), Physical Therapy Guidelines

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

**Decision rationale:** The request for physical therapy qty 6 is not medically necessary. The injured worker presents with chronic pain in bilateral upper extremities. She has already completed 5 sessions of physical therapy. The California MTUS Chronic Pain Guidelines state that up to 10 visits of physical therapy may be supported to promote functional gains for patients with unspecified myalgia and myositis. There was no evidence of objective functional progress documented in the clinical notes from her 5 previous physical therapy visits. Additionally the documentation "bilateral upper extremity flexibility, strength, and range of motion are improving" do not indicate measurable functional objective improvement. Moreover, the request failed to include the body part/parts intended for the requested treatment. As such, the request is not medically necessary.

**Naproxen 500mg Qty:60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): Pages 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

**Decision rationale:** The request for Naproxen 500mg qty 60 is not medically necessary. The injured worker presented with chronic pain in bilateral upper extremities. The California Chronic Pain Medical Treatment Guidelines recommend precaution in prescribing NSAIDs secondary to significant risk for an increase in blood pressure in patients with hypertension. It is documented that injured worker has hypertension and avoids taking the requested medication due to an increase in her blood pressure. Additionally there is no documentation as to medication frequency in the request. As such, the request is not medically necessary.