

<b>Case Number:</b>	CM14-0203453		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/23/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female with an injury date on 02/23/2014. Based on the 10/23/2014 progress report provided by the treating physician, the diagnoses are: 1. Left Piriformis Syndrome. 2. Right wrist internal derangement. 3. Cervical spine sprain/strain with underlying disc spondylosis at C6-7. According to this report, the patient complains of neck pain and tightness, "continuous right wrist pain, swelling, and tenderness," and "continuous severe pain in left buttock, hip area with radiating symptoms in the left leg with numbness and weakness." Pain is increased with activities such as sitting, standing, or walking, gripping, and grasping of the right wrist. Patient's gait is left leg guarded and antalgic. Physical exam reveals tenderness over the dorsal and ulnar aspect of the right wrist, TFCC, and lumbar paraspinal muscles. Finkelstein Test and CMC grind test positive on the right. Piriformis Stress, Straight Leg Raise, and Yeoman's Test are positive on the left. The 07/30/2014 report indicates patient has right wrist pain and has had "12 sessions of PT with relief." Treatment to date includes piriformis trigger point injection with dramatic improvement. The treatment plan is to request for 6 of Occupational therapy, MRI of the right wrist, left Piriformis PRP injection, and 12 of aquatic therapy. The patient's work status is "remains TTD. There were no other significant findings noted on this report. The utilization review denied the request for Aquatic therapy x12 visits, (2) Left Piriformis PRP injection, (3) OT x6 right wrist, and (4) Urine Drug Test on 11/10/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 04/28/2014 to 10/23/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy x12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back and Hip & Pelvis Chapters

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22 and 98-99.

**Decision rationale:** According to the 10/23/2014 report, this patient presents with "continuous right wrist pain, swelling, and tenderness," and "continuous severe pain in left buttock, hip." The current request is for Aquatic therapy x12 visits "for residual chronic pain symptoms with failed response to land therapy." Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the provided reports shows no therapy reports. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. Patient's weight is 105 pounds. There is no discussion as to why the patient cannot tolerate land-based therapy. Furthermore, the requested 12 sessions exceed what is allowed by MTUS. Therefore, the request is not medically necessary.

**Left piriformis PRP injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Pelvic chapter online under Platelet-rich plasma (PRP)

**Decision rationale:** According to the 10/23/2014 report, this patient presents with "continuous right wrist pain, swelling, and tenderness," and "continuous severe pain in left buttock, hip." The current request is for Left Piriformis PRP injection. Regarding platelet-rich plasma injections, ODG guidelines Hip and Pelvic chapter state that it's "Under study. For OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients." Furthermore, in the low back chapter of the ODG guidelines states "Not recommended. The results of platelet-rich plasma (PRP) in spine surgery are limited and controversial." In this case, the treating physician does not provide information or findings to indicate that the patient had arthritis in the hip. ODG guidelines support platelet-rich plasma injections for OA of the hip. Therefore, the request is not medically necessary.

**OT x6 for the right wrist: Upheld**

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

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

**Decision rationale:** According to the 10/23/2014 report, this patient presents with "continuous right wrist pain, swelling, and tenderness," and "continuous severe pain in left buttock, hip." The current request is for OT x6 right wrist. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records, the 07/30/2014 report indicates that the patient has had "12 sessions of PT with relief" for the right wrist. The treating physician does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. In this case, given that the patient has had 12 sessions recently, the requested 6 additional sessions exceed what is allowed per MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. Therefore, the request is not medically necessary.

**Urine drug test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 & 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

**Decision rationale:** According to the 10/23/2014 report, this patient presents with "continuous right wrist pain, swelling, and tenderness," and "continuous severe pain in left buttock, hip." The current request is for Urine Drug Test "to understand the actual levels of drugs present and to understand the potential drug-to-drug cross-reactivity, identify use of undisclosed substances (medications and illicit drugs) and uncover possible diversion from any applicable pain management treatment plan by the patient." Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users; Official Disability Guidelines (ODG) Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In reviewing the provided reports, the treating physician indicates patient's current medications are "Pain medications and medicines for high cholesterol." In this case, the treating physician does not indicate that the patient is prescribed opiates. The treating physician did not explain why a UDS is needed when the patient is not on opiate therapy. Therefore, the request is not medically necessary.