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| **Case Number:** | CM15-0005671 | | |
| **Date Assigned:** | 01/29/2015 | **Date of Injury:** | 05/31/2012 |
| **Decision Date:** | 03/18/2015 | **UR Denial Date:** | 12/10/2014 |
| **Priority:** | Standard | **Application Received:** | 01/12/2015 |

## 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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

## 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 32 year old female, who sustained an industrial injury on 05/31/2012. She has reported chronic right forearm, bilateral wrist, and low back pain. The diagnoses have included chronic lumbar strain; right de Quervain's tenosynovitis; and right carpal tunnel syndrome. Treatment to date has included medications. Medications have included Norco, Tramadol, and Kera Tek Gel. A progress note from the treating physician, dated 11/19/2014, documented a follow-up evaluation of the injured worker. The injured worker reported bilateral wrist pain; rated pain at 6/10 on the visual analog scale; pain is made better with medications, rest, and massage; right forearm pain radiates down/up arm to the right hand, with numbness tingling, and weakness of the forearm and hand; and low back pain which radiates into the buttocks. Objective findings revealed bilateral wrists have tenderness dorsally with limited range of motion due to pain. The treatment plan includes continuation/prescriptions for medications; request for physical therapy two times a week for six weeks for both wrists for all treatment modalities topically; request urine toxicology screen; and follow-up evaluation.On 12/10/2014 Utilization Review modified a prescription for 12 Physical therapy sessions for both wrists, to 9 Physical therapy two times a week for six weeks for both wrists for all treatment modalities topically; and noncertified a prescription for 1 Urine toxicology screen. The CA MTUS, ACOEM and ODG were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of a prescription for 12 Physical therapy sessions for both wrists; and a prescription for 1 Urine toxicology screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions for both wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)>. There is no documentation of objective findings that the patient condition needed physical therapy and not home exercise. 12 sessions should not be approved unless there is efficacy in controlling the patient pain. Therefore 12 Physical therapy sessions for both wrists is not medically necessary.

**1 Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>.There is no evidence that the patient have aberrent behaviour for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.