

<b>Case Number:</b>	CM15-0186759		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/29/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male who sustained an industrial injury on December 29, 2014. A Doctors' first report of illness dated August 18, 2015 reported subjective complaint of: "right arm, wrist, hand, shoulder and elbow pains." Of note, the right hand pain radiates to the fingers. The following diagnoses were applied to this visit: right shoulder periscapular strain; right elbow medial and lateral epicondylitis; right forearm strain; right forearm intramedullary tumor, probable bone cyst, and right wrist flexor tendinitis. The plan of care noted: requesting authorization for physical therapy, Naproxen and follow up in six weeks. An orthopedic visit dated July 18, 2015 reported subjective complaint of: right forearm pain with associated numbness in finger. There was also note of "cramping in fingers". Symptoms noted as "better now" after starting Meloxicam. Previous treatment to include: activity modification, medication, anti-inflammatory and physical therapy. Primary follow up dated December 29, 2014 reported subjective complaint of "symptoms over the extensor wad." Patient does "not have significant discomfort over the lateral epicondyle." The plan of care noted: "he is noticing some improvement." Continue with conservative treatment no lifting, wearing brace and possible diagnostic and therapeutic injection. On September 03, 2015 a request was made for physical therapy to right shoulder, right elbow, and right wrist that was non certified by Utilization Review on September 15, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for right shoulder, right elbow and right wrist QTY 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines chapter Shoulder (Acute and chronic) and Elbow (Acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy for right shoulder, right elbow and right wrist QTY 8 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT but it is unclear of exactly how many sessions and why the patient is not versed in a home exercise program. For these reasons this request is not medically necessary.

**Naproxen 550 mg for 1 month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Naproxen 550 mg for 1 month supply is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as written. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDS and may compromise renal function. The documentation indicates that the patient has is obtaining relief and improved function on NSAIDs, however the request as written does not specify a specific quantity for a one month supply therefore this request is not medically necessary.