

<b>Case Number:</b>	CM15-0214623		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: California, Hawaii

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 injured worker is a 35 year old female, who sustained an industrial injury on 7-28-08. Medical records indicate that the injured worker is undergoing treatment for right shoulder internal disruption, right elbow entrapment of ulnar nerve with neurological loss and gastritis. The injured worker is currently working. On (9-15-15) the injured worker complained of right shoulder pain with popping and catching, decreased range of motion of the right shoulder and right elbow pain. Objective findings revealed profound stiffness of the right shoulder and right elbow with pain over the right elbow to touch. Associated symptoms included numbness and tingling in the right ulnar nerve distribution, mostly the little finger and ring finger on the right. The right shoulder had an extremely poor range of motion. There was evidence of acromion impingement in the right shoulder. A Hawkins's maneuver was positive on the right with popping and catching. Tenderness was noted over the right lateral border of the epicondyle on the right lateral elbow and evidence of ulnar pain on compression of the ulnar nerve. A Tinel's sign was negative bilaterally. The injured worker noted good results from prior acupuncture treatments. Treatment and evaluation to date has included medications, MRI, electromyography- nerve conduction study, cortisone injection to the right elbow, urine drug screen, physical therapy (unspecified), elbow brace and acupuncture treatments. Current medications include Gabapentin, tiaznidine, Mobic, Tylenol and omeprazole. The current treatment requests are for physical therapy visits for the right shoulder and right elbow #12, an MRI of the right elbow and Tizanidine 4mg #60. The Utilization Review documentation dated

10-11-15 non-certified the requests for an MRI of the right elbow and Tizanidine 4mg #60 and modified physical therapy visits for the right shoulder and right elbow to #8 (original request #12).

### **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 the right shoulder and right elbow: Upheld**

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

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

**Decision rationale:** The patient presents with significant pain in the right shoulder with popping and catching and decreased range of motion along with pain and numbness along the lateral border on the ulnar groove of the right elbow. The current request is for 12 physical therapy sessions for the right shoulder and right elbow. The UR dated 10/11/15 modified the decision to 8 physical therapy sessions for the right shoulder and right elbow. There is no history of physical therapy for the right shoulder or right elbow. The treating physician states on 9/15/15 (24B) "physical therapy two times a week for six weeks for right shoulder and right elbow" indicating this should be done "before anything surgical" can be recommended. MTUS guidelines indicate that Physical Therapy is recommended. Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.

#### **MRI of the right elbow: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, MRI.

**Decision rationale:** The patient presents with significant pain in the right shoulder with popping and catching and decreased range of motion along with pain and numbness along the lateral border on the ulnar groove of the right elbow. The current request is for a MRI of the right elbow. There is no history of prior MRI of the right elbow. The treating physician states on 9/15/15 (24B) "MRI of the right elbow should be done to see if entrapment is occurring at the ulnar groove." MTUS guidelines do not address MRIs. ODG states that "Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." ODG states elbow MRI is indicated for "Chronic elbow pain, suspect nerve

entrapment or mass; plain films nondiagnostic." Given the suspicion for Ulnar Nerve Entrapment with persistent elbow pain despite conservative care, an MRI was appropriate and consistent with ODG guidelines. The current request is medically necessary.

**Tizanidine 4mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The patient presents with significant pain in the right shoulder with popping and catching and decreased range of motion along with pain and numbness along the lateral border on the ulnar groove of the right elbow. The current request is for Tizanidine 4mg, quantity 60. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The treating physician states on 9/15/15 (24B) "tizanidine 4mg one to two tablets at night." MTUS guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines further note that Tizanidine is allowed for the use for low back pain, myofascial pain and fibromyalgia. In this case, the clinical records provided do indicate the patient suffers from myofascial pain. The clinical records reviewed do not document prior use of Tizanidine. The current request is medically necessary.