

<b>Case Number:</b>	CM15-0036551		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	05/22/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Arizona  
 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 54-year-old female who reported an injury on 05/22/2011. The mechanism of injury was not stated. The current diagnoses include discogenic cervical condition with facet inflammation, bilateral shoulder impingement, epicondylitis, cubital tunnel syndrome, carpal tunnel syndrome, wrist joint inflammation bilaterally with CMC joint inflammation, De Quervain's tenosynovitis, mild triggering of the A1 pulley along fingers, diffuse tenderness along the extensor muscles of the right forearm, and chronic pain syndrome. On 09/26/2014, the injured worker presented for a follow-up evaluation regarding chronic right upper extremity pain. It was noted that the injured worker was utilizing a thumb Spica splint. The injured worker was status post lateral epicondylar release on 10/03/2014. The injured worker returned to work in 11/2013 and only lasted 3 days. The injured worker is not currently working. Ongoing complaints involved the right upper extremity. The injured worker also utilizes a TENS unit. Upon examination, there was tenderness along the rotator cuff with findings of impingement, tenderness along the medial and lateral epicondylar surface, tenderness along the dorsum of the right wrist, positive Tinel's sign, and aberrant 2 point discrimination along the finger. The injured worker was able to make a full fist; however, grip strength was diminished. Recommendations at that time included an MRI of the shoulder, nerve conduction studies, physical therapy, a hinged elbow brace, a soft wrist brace, and prescriptions for Flexeril 7.5 mg, Topamax 50 mg, tramadol ER 150 mg, Protonix 20 mg and Remeron 15 mg. There was no Request for Authorization form submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

**Decision rationale:** California MTUS Guidelines state 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. The request as submitted failed to indicate a specific body part as well as a frequency and duration of treatment. Therefore, the request cannot be determined as medically appropriate in this case. There was also no documentation of a significant functional limitation upon examination. It is unclear whether the injured worker has previously participated in a course of physical therapy for the right upper extremity. Given the above, the request is not medically appropriate at this time.

### **MRI joint upper extremity without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, the specific joint of the upper extremity was not listed in the request. There is no mention of a recent attempt at any conservative management prior to the request for an imaging study. There was also no documentation of a significant functional limitation upon examination. Given the above, the request is not medically appropriate.