

<b>Case Number:</b>	CM15-0053773		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/27/1995
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 74 year old female who sustained an industrial injury involving her right knee on 7/27/95 and received physical therapy, x-rays, casting, bracing, injections and acupuncture. She currently complains of bilateral shoulder and knee pain. She also complains of left sided neck pain radiating to the left upper extremity, hands, elbow, buttocks and hips. Some activities of daily living are compromised. Medications are Norco, Naprosyn, pantoprazole. Diagnoses include status post left total knee replacement, right (6/5/11); status post left carpal tunnel release (1995) and de Quervain's release; status post right carpal tunnel release and de Quervain's release, plus right trigger thumb release; status post arthroscopy right knee (1996); left low back pain with left lower extremity posterior thigh and knee pain; exogenous obesity; diabetes. Diagnostics include x-ray cervical spine, lumbar spine, bilateral shoulders, bilateral knees (1/15/15); MRI of the right knee (2/11/15); MRI of the cervical spine (2/5/15). In the progress note dated 2/19/15 the treating provider's plan of care included pain management consult and treatment for neck and low back, physical therapy to neck and low back eight sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult and treat for medications and other treatment: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant is status post the claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain including chronic radiating left sided neck and low back pain. She has undergone bilateral carpal tunnel and DeQuervain's releases and left knee arthroscopy. Prior treatments had included physical therapy. Recent imaging of the cervical and lumbar spine included findings of severe cervical spinal stenosis at C4/5 and multilevel lumbar disc herniations. When seen by the requesting provider physical examination findings included positive left straight leg raising and FABERE testing with neck pain on Spurling's testing. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with left lumbar radiculopathy but without left lateralized findings by MRI. In terms of her cervical spine, although there is severe cervical spinal stenosis, there do not appear to be correlating physical examination findings. She has a history of upper extremity nerve entrapments and diabetes. She has a complex chronic pain condition and therefore requesting a referral for pain management is medically necessary.

**Physical Therapy; 8 sessions (2x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is status post the claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain including chronic radiating left sided neck and low back pain. She has undergone bilateral carpal tunnel and DeQuervain's releases and left knee arthroscopy. Prior treatments had included physical therapy. Recent imaging of the cervical and lumbar spine included findings of severe cervical spinal stenosis at C4/5 and multilevel lumbar disc herniations. When seen by the requesting provider physical examination findings included positive left straight leg raising and FABERE testing with neck pain on Spurling's testing. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

