

<b>Case Number:</b>	CM15-0084519		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2015

### 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  
Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on May 5, 2014, incurring left wrist and hand injury while doing CPR. The injured worker had a history of cervical injuries, bilateral shoulder strain and bilateral elbow epicondylitis injuries on December 16, 2011. Left wrist x rays were unremarkable. She was diagnosed with a left wrist sprain. Treatment included wrist splinting, cold packs, and pain management. Currently, the injured worker complained of neck pain, left upper extremity pain and numbness. The treatment plan that was requested for authorization included physical therapy for the left wrist, Magnetic Resonance Imaging of the right shoulder and a prescription for Butrans. She had a fall on 4/7/15 when she left the office and Butrans has been increased. Request is made for physical therapy and right shoulder MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left wrist, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Improvement Measures Page(s): 98-99;48.

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

**Decision rationale:** According to the MTUS guidelines, 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. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The medical records not that modification has been rendered on Utilization Review to allow for six sessions. The request for 12 sessions of PT exceeds the recommended amount per the MTUS guidelines. The request for Physical Therapy for the left wrist, 12 sessions is not medically necessary and appropriate.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Shoulder, Acute and Chronic, Indications for Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** According to the MTUS guidelines, for most patients with shoulder problems, special studies are not needed unless, a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The medical records note that the injured worker has had a recent fall. However, the medical records do not establish red flags to support the request for advanced imaging studies. The request for MRI of the right shoulder is not medically necessary.

**Butrans 10mcg/hr quantity 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** Per the MTUS guidelines, the long term use of opioids is not supported due to the development of habituation and tolerance. According to ODG Buprenorphine for chronic

pain is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, the medical records do not establish that the injured worker meets the criteria for Butrans patch. In addition, the recent increase to 10 mg patches from the previous 5 mg is not supported. While it is noted that the injured worker has had a recent injury, non-opioid analgesics are considered first line treatment and an increase in Buprenorphine is not supported. The medical records note that Utilization Review has modified this medication to allow for weaning. The request for Butrans 10mcg/hr quantity 4 is not medically necessary and appropriate.