

<b>Case Number:</b>	CM14-0155762		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old with an injury date on 12/11/12. Patient complains of on/off pain in right wrist rated 4/10, constant right arm pain rated 5/10, constant cervical pain rated 8/10, and occasional low lumbar pain rated 8/10 per 8/12/14 report. Patient also complains of headaches, chest pains, and has symptoms of anxiety, depression, and insomnia per 8/12/14 report. Based on the 8/12/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p right carpal tunnel release, right ulnar nerve release, right wrist in March 2014 with residuals 2. right shoulder s/s 3. cervical spine s/s rule out herniated cervical disc with radiculitis/radiculopathy 4. left hand s/s rule out carpal tunnel syndrome 5. s/p prior work related slip and fall with low back, right leg residuals, 6 years ago. Exam on 8/12/14 showed "C-spine range of motion is diminished by 10 degrees in flexion/extension. Right shoulder range of motion slightly diminished. Right wrist range of motion moderately diminished. L-spine range of motion diminished especially flexion at 55/70 degrees." [REDACTED] is requesting physical therapy cervical and bilateral arms, occupational therapy for hand, MRI of cervical spine, and ultram 50mg. The utilization review determination being challenged is dated 9/18/14 and denies request for C-spine MRI due to lack of upper extremity atrophy/altered status as well as absent reflexes, and denies Ultram as it is not a first line drug for pain. [REDACTED] is the requesting provider, and he provided treatment reports from 3/14/13 to 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, cervical and bilateral arms: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with right wrist pain, right arm pain, neck pain, and back pain and is s/p carpal tunnel release from 3/21/14. The provider has asked for physical therapy cervical and bilateral arms on 8/12/14. Regarding carpal tunnel syndrome MTUS post-surgical treatment guidelines allow 3-8 visits over 3-5 weeks within 3 months of surgery. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Patient has had 30 sessions of post-operative therapy for the hand, but physical therapy reports show that in 13 sessions from 7/1/14 to 8/18/14, the patient's neck pain is being treated along with the hand. In this case, the patient has had 30 physical therapy sessions for the hand, 13 of which have also address the neck. The requested physical therapy cervical and bilateral arms are not indicated at this time. In addition, the request does not specify the number of treatments. Recommendation is for not medically necessary. .

**Occupational therapy, hand: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with right wrist pain, right arm pain, neck pain, and back pain and is s/p carpal tunnel release from 3/21/14. The provider has asked for occupational therapy; hand on 8/12/14. Regarding carpal tunnel syndrome MTUS post-surgical treatment guidelines allow 3-8 visits over 3-5 weeks within 3 months of surgery. Patient had 30 sessions of post-operative therapy for the hand, with no improvement and continuing pain per 8/12/14 report. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. In this case, the patient has had 30 sessions of physical therapy for the hand without benefit. The requested occupational therapy, hand is not indicated at this time. In addition, the number of sessions is not specified in the request. Recommendation is for not medically necessary.

**MRI of cervical spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: Neck section, MRIs

**Decision rationale:** This patient presents with right wrist pain, right arm pain, neck pain, and back pain and is s/p carpal tunnel release from 3/21/14. The treater has asked for MRI of cervical spine on 8/12/14. Review of the reports do not show any evidence of MRIs of the C-spine being done in the past. The 8/12/14 states patient has a diagnosis of radiculopathy in the neck as well as sharp pain in the right arm/elbow/wrist. In regard to chronic neck pain, AECOM requires red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies. ODG guidelines also support MRI's for neurologic signs and symptoms. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. In this case, the treater has asked for MRI of the cervical spine to determine the source of the patient's persistent cervical pain and upper extremity radiating symptoms. These are neurologic symptoms and an MRI would be reasonable. Recommendation is for authorization.

**Ultram 50mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with right wrist pain, right arm pain, neck pain, and back pain and is s/p carpal tunnel release from 3/21/14. The provider has asked for Ultram 50mg on 8/12/14. Patient is not currently working per 8/12/14 report. Regarding medications for chronic pain, MTUS pg. 60 states provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Patient has been taking Hydrocodone, along with Motrin, Naproxen 5/13/14 report without mention of effectiveness. In this case, the provider appears to be attempting to switch opioids and have the patient try Tramadol. The requested trial of ultram 50mg appears reasonable for this type of condition. Recommendation is for medically necessary.