

<b>Case Number:</b>	CM15-0118462		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 53-year-old female, with a reported date of injury of 02/27/2014. The mechanism of injury was a slip and fall while performing her work duties. The injured worker's injuries at the time of the injury included the neck, right-sided right shoulder/arm/hand/wrist, low back, and right foot. The diagnoses include neck sprain/strain, thoracic sprain/strain, lumbosacral sprain/strain, degenerative disc disease of the cervical and thoracic spines, right foot sprain, and right plantar fasciitis. Treatments and evaluation to date have included physical therapy, and oral medications. The diagnostic studies to date have included an MRI of the lumbar spine on 05/13/2014; an MRI of the lumbar spine on 04/07/2015, which showed mild dextroscoliosis, mild to moderate disc degeneration, and mild bilateral foraminal stenosis; an MRI of the cervical spine on 09/26/2014 which showed concentric uncovertebral hypertrophy, which in conjunction with facet hypertrophy and ligaments flava laxity produced mild central canal narrowing and mild-to-moderate bilateral neural foraminal narrowing, and muscle spasm/pain; an MRI of the right wrist on 08/21/2014, which showed evidence of arthritic changes involving the carpal bones, erosions and subchondral bone cyst formation involving the lunate and hamate with marrow swelling, mild osteoarthritic changes of the first carpal-metacarpal joint, and evidence of a ganglion cyst; electrodiagnostic studies on 08/04/2014 and 07/15/2014; x-rays of the cervical spine, thoracic spine, lumbosacral spine, and right foot; and a CT scan of the brain. The initial orthopedic evaluation dated 05/06/2015 indicates that the injured worker complained of constant posterior headache, worse on the right, right foot pain, lower thoracic and low back pain, neck pain with radiation to the right shoulder, right arm, and down into the right fingers. She described having difficulty lifting objects. The physical

examination showed walking independently, a slight hesitance/questionable antalgic gait on the right, and the ability to take short steps on her heels and toes, but had right heel pain with heel walking. An examination of the neck showed soreness and tenderness in the areas of the mid and lower right paracervical regions, extension at 40 degrees, and flexion at 35 degrees. An examination of the right shoulder showed tenderness of the acromioclavicular joint area, subacromial region, and right biceps; no classic impingement sign; some pain in maximum abduction and rotation; and negative anterior cross-arm test. An examination of the upper extremities showed a normal neurologic exam; and intact sensation to light touch and pinprick. An examination of the back showed tenderness of the lower paralumbar bilaterally and the right sciatic outlet; some soreness and tenderness in the region of the right greater trochanteric area; forward flexion at 60 degrees; and extension at 20 degrees. The injured worker was currently unemployed, and her last day of work was in 02/2014. It was documented that she was unable to return to work. The medical records include the physical therapy reports for 10 sessions dated from 03/30/2015 through 04/24/2015. The physical therapy report dated 04/24/2015 indicates that the injured worker adapted well to increased reps. The treatment plan includes progress per treatment plan. The treating physician requested Terocin patch for pain and physical therapy two times a week for four weeks for the wrist. The patch was recommended to be applied to the symptomatic areas of the cervical and back regions. The additional physical therapy to be combined with a home exercise program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy two (2) times a week for four (4) weeks for the wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend physical medicine. Passive therapy can provide short-term relief during the early phases of pain treatment. Active therapy is based on therapeutic exercises and/or activity that are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The guidelines indicate that patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex regional pain syndrome. The guidelines 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 reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended. The medical records show evidence of the injured worker completing 10 outpatient physical therapy sessions. The MTUS/ACOEM Guidelines recommend instruction in home exercise for the forearm, wrist, and hand complaints. The guidelines indicate that "Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range-of-motion exercise at home." The diagnostic exam of the right wrist did not show evidence of an unstable fracture or dislocation; however, it showed

osteoarthritis. Therefore, the request for physical therapy for the wrist is not medically necessary.

**Terocin patch for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no documentation that the injured worker had failed a trial of antidepressants and anticonvulsants. They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Terocin patch is a combination of Lidocaine and Menthol. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Terocin patch is not medically necessary.