

<b>Case Number:</b>	CM15-0122484		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 56-year-old male, with a reported date of injury of 01/10/2011. The mechanism of injury was a gradual onset. The injured worker's symptoms at the time of the injury included bilateral hand numbness and tingling. The diagnoses include status post bilateral carpal tunnel release, left trigger thumb, cervical disc disease, cervical stenosis, bilateral carpal tunnel syndrome, bilateral shoulder arthropathy, bilateral shoulder pain, and lumbar disc disease. Treatments and evaluation to date have included bilateral carpal tunnel release, steroid injection to left thumb, and oral medications. The diagnostic studies to date have included electrodiagnostic studies on 07/03/2013 which showed evidence of bilateral carpal tunnel syndrome and evidence of chronic left C7 radiculopathy; and an MRI of the cervical spine on 05/14/2012 which showed multi-level disc disease with canal stenosis. The progress report dated 06/09/2015 indicates that the injured worker was there for an every three month visit for bilateral wrist pain. The injured worker had left wrist and thumb pain with tingling and numbness. The pain was rated 8 out of 10. It was noted that his wrist pain and tightness persisted. The injured worker stopped taking Topiramate himself due to whole body joint pain, lasting thirty minutes in the morning. The injured worker had right carpal tunnel surgery, with no physical therapy yet. The objective findings include walked with crutches, boot on left foot, decreased cervical range of motion, and no motor deficits of the upper limbs. The injured worker retired in 2012. The progress report dated 03/10/2015 indicates that the injured worker rated his left wrist and thumb pain with tingling and numbness 8 out of 10. The treating physician requested twelve physical therapy sessions for the bilateral wrist, Topiramate 50mg #30

for sleep, and one follow-up for bilateral shoulder injections.

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

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

#### **Physical therapy for bilateral wrists qty. 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Forearm, Wrist and Hand, Last updated on 05/11/15.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS - Physical Therapy.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend passive and active therapy. Passive therapy can provide short-term relief during the early phases of pain treatment; control symptoms of pain, inflammation, and swelling; and help improve the rate of healing soft tissue injuries. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The CA MTUS/ACOEM Guidelines indicate that physical modalities have no scientifically proven effectiveness in treating acute hand, wrist, or forearm symptoms. Per ODG guidelines post-surgical treatment for carpal tunnel surgery is recommended at 3-8 visits over 3-5 weeks. The request is for more than the guidelines recommend. Therefore, the request for physical therapy for the bilateral wrist is not medically necessary.

#### **Topiramate 50mg qty. 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that anti-epilepsy drugs are recommended for neuropathic pain. Topiramate (Topamax) has been shown to have unstable effectiveness, with failure to demonstrate effectiveness in neuropathic pain. "It is still considered for use for neuropathic pain when other anti-convulsants fail." It was noted that his wrist pain and tightness persisted. Anti-epileptic drugs may also be an option for postoperative pain, which would result in decreased opioid consumption. It was documented that the Topiramate was renewed for sleep. There was documentation that the tingling and numbness interfered with the injured worker's sleeping. However, there was no documentation of increased pain relief from taking Topiramate. Therefore, the request for Topiramate is not medically necessary.

**Follow-up for bilateral shoulder injections qty. 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 557.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 and 207.

**Decision rationale:** The CA MTUS/ACOEM Guidelines indicate that patients with shoulder complaints can have follow-up every three to five days by an appropriate health professional. The guidelines also indicate that a physician follow-up usually occurs when a release to modified, increased, or full activity is needed, or after healing or recovery can be expected. There was documentation that the injured worker was status post right shoulder surgery. The specialist requested steroid injection for the left shoulder, and indicated that the right shoulder was permanent and stationary. The guidelines also indicate that "invasive techniques have limited proven value." The total number of injections should be limited to three per episode, which would allow for assessment of benefit between injections. The rationale for left shoulder injection was not indicated. Therefore, the request for follow-up for bilateral shoulder injections is not medically necessary.