

<b>Case Number:</b>	CM15-0049002		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Physical Medicine & Rehabilitation

### 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 49-year-old male who reported an injury on 05/22/2014. The injured worker reportedly suffered a left upper extremity injury while driving his company truck. The injured worker's left upper extremity reportedly became stuck between the body and bar next to the steering gear. The current diagnoses include status post open repair of the left TFCC tear, left knee post-traumatic chondromalacia patella, and lumbar discogenic pain with left lower extremity radiculopathy. The injured worker presented on 01/26/2015 for an evaluation with complaints of left wrist pain, low back pain, and left knee pain. Previous conservative treatment includes physical therapy, pain medication, chiropractic treatment, and left knee injections. The injured worker was utilizing Neurontin and Celebrex. Upon examination of the bilateral hands and wrists, there was a well healed scar on the left wrist, swelling on the left, 4/5 motor weakness on the left, tenderness at the TFCC region on the left, tenderness with range of motion of the wrist and fingers on the left, tenderness of the interphalangeal and metacarpophalangeal joints on the left, limited range of motion of the left wrist, and diminished grip strength on the left. Examination of the lumbar spine revealed an antalgic gait, tenderness to palpation, 4/5 motor weakness in the left lower extremity, and facet joint tenderness as well as lumbar paraspinal and superior iliac space tenderness. There was limited lumbar range of motion. Examination of the left knee revealed positive effusion, crepitus with range of motion, diminished motor strength, tenderness over the medial and lateral patella, patellofemoral crepitus and grinding, and tenderness over the medial and lateral joint line with mildly limited flexion. An MRI of the left wrist reportedly revealed evidence of a TFCC tear. Treatment recommendations at that time included an MRI of the left wrist to evaluate the status of the repair, a pain management specialist for epidural injections to the lumbar spine, a viscosupplementation injection for the left knee, continuation of the current medication regimen,

and physical therapy twice per week for 6 weeks. There was no Request for Authorization form submitted for this review.

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

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

#### **MRI Arthrogram of the Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The injured worker underwent a TFCC repair in 2014. There is no documentation of a recurrence or reversal of symptoms to warrant a postoperative MR arthrogram. There is no mention of a failure to respond or an exhaustion of postoperative conservative treatment prior to the request for an additional imaging study. Given the above, the request is not medically necessary.

#### **Referral to Pain Management: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, there was no documentation of an exhaustion of conservative management for the lumbar spine. There was no evidence of a significant musculoskeletal or neurological deficit. The provider indicated the referral to a pain management specialist was for possible lumbar epidural injections; however, there is no evidence of lumbar radiculopathy upon exhaustion. There were no electrodiagnostic studies provided confirming evidence of lumbar radiculopathy. The medical necessity for the specialty referral has not been established in this case. Therefore, the request is not medically necessary at this time.

#### **Physiotherapy 2 x 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The California MTUS Guidelines state 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. There is no documentation of the previous course of physical therapy with evidence of objective functional improvement. Additional treatment would not be supported. The request as submitted also failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the medical necessity for the requested medication has not been established. In addition, there was no strength, frequency, or quantity provided. As such, the request is not medically necessary.

**Neurontin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no strength, frequency, or quantity provided in the request. As such, the request is not medically necessary.