

<b>Case Number:</b>	CM15-0062971		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: 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 47-year-old female who reported an injury on 03/13/2012. The mechanism of injury was not specifically stated. The current diagnoses include right carpal tunnel syndrome; left wrist pain; left hand pain; left shoulder anterior labrum tear; left shoulder chronic strain; and left ankle pain, rule out complex regional pain syndrome. The injured worker presented on 02/05/2015 for a follow-up evaluation with complaints of persistent pain over multiple areas of the body. Upon examination of the right shoulder, there was tenderness over the acromioclavicular joint, as well as the capsularis region. There was decreased range of motion with flexion to 90 degrees and abduction to 80 degrees. There was also diminished strength with flexion and extension. Examination of the left shoulder revealed decreased range of motion on all planes with tenderness over the acromioclavicular joint. Examination of the left knee and hip revealed tenderness to palpation with limited range of motion secondary to pain. There was tenderness over the greater trochanteric bursa. Strength was 4/5 in the left lower extremity. Examination of the left ankle revealed swelling over the lateral compartment, medial swelling, ecchymosis, 0 degrees of dorsiflexion, 5 degrees of plantar flexion, and 0 degrees of inversion and eversion. Neurovascular status was intact distally. The injured worker ambulated in a left ankle Cam boot with crutches. Treatment recommendations at that time included physical therapy for the cervical spine, a pain management consultation, and a urine toxicology report. The injured worker was issued a refill for Norco 10/325 mg, tramadol 50 mg, and Flexeril 10 mg. A Request for Authorization form was submitted on 03/05/2015.

## 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 ankle, twice a week for six weeks: 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  
Page(s): 98-99.

**Decision rationale:** 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. In this case, it is noted that the injured worker is status post left tarsal tunnel release on 04/11/2013. Documentation of the initial course of physical therapy for the left ankle was not provided. In the absence of significant functional improvement, additional treatment would not be supported. As such, the request is not medically necessary.

### **TENS unit, 30 day trial: 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  
Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality but a 1-month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. In this case, there is no indication that this injured worker has failed to respond to appropriate pain modalities, including medication. There is also no indication that this injured worker is participating in a rehabilitation program, to include a home exercise program, to be used in conjunction with the TENS unit. Given the above, the request is not medically necessary.

### **MRA of the left ankle: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a

period of conservative care and observation. In this case, the injured worker is status post a left tarsal tunnel release in 04/2013. There is no documentation of a worsening or progression of symptoms or physical examination findings. There is no evidence of an exhaustion of conservative management. The medical necessity for an additional imaging study has not been established in this case. As such, the request is not medically necessary.

**Flexeril (cyclobenzaprine hydrochloride), 10mg quantity 30:** 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 63-66 Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no documentation of palpable muscle spasm or spasticity upon examination. Guidelines do not support long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.