MAXIMUS Federal Services

Case Number:	CM15-0093611		
Date Assigned:	05/19/2015	Date of Injury:	02/10/1999
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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 68 year old female, who sustained an industrial injury on 2/10/99. She has reported initial complaints of injury to the neck, bilateral shoulders, left upper extremity and left knee after a fall at work. The diagnoses have included cervical radiculopathy, cephalgia and dizziness, insomnia, thoracic and lumbar radiculopathy, hypertension, and weight loss. Treatment to date has included medications, diagnostics, activity modifications, status post 15 orthopedic surgeries including shoulders, left knee, fingers, right foot, right carpal tunnel and right elbow and psychiatric sessions. Currently, as per the physician progress note dated 3/23/15, the injured worker complains of increased pain with cold or humid weather. The physical exam was unchanged from the previous exam. She had swelling of the distal joints of both hands with tenderness. She has craniocervical and occipital tenderness. She has weak hand grasp bilaterally, more noted on the right side. She has mildly weak right foot dorsiflexion; sensation is decreased more on the right than the left hypothenar regions. The sensation is decreased at the outer thighs and bilateral foot plantar aspects and she has a mild limp with the left leg in all modalities of gait testing. The Romberg testy was positive and she had severe spasm and tenderness at the cervical and interscapular regions. She had tenderness with palpation of the shoulders and wrists. There was severe tenderness at the right shoulder and tenderness at the right elbow. The Tinel's sign was positive at both wrists and she had decreased flexion bilaterally to 5 degrees of the fifth fingers and the left index finger. She had left knee tenderness and right foot tenderness. The straight leg raise was to 40 degrees on the left and 60 degrees on the right. The deep tendon reflexes were hypoactive throughout and the toes were bilaterally down going. There was no

recent diagnostics noted in the records, the current medications were not listed and there were no reports of any urine drug screens noted. The physician requested treatments included Physical therapy 2-3 times a week for 8 weeks, Magnetic Resonance Imaging (MRI) of the bilateral hands, and Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: This patient presents with chronic upper extremities pain. The request for authorization is dated 04/06/15. The current request is for Physical therapy 2-3 x 8. Treatment to date has included medications, diagnostics, activity modifications, status post 15 orthopedic surgeries including shoulders, left knee, fingers, right foot, right carpal tunnel and right elbow and psychiatric sessions. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Report 01/06/15 noted that the patient continues to have tenderness in the distal joints of both hands. Some swelling was noted. The patient also had craniocervical and occipital tenderness. The treating physician stated that "it is medically necessary that she continue her course of physiotherapy treatments 2-3 times a week for 8 weeks." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The requested 16-24 physical therapy sessions exceeds what is recommended by MTUS. There is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient is not able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.

MRI Bilateral hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand - Carpal tunnel syndrome (Acute & Chronic) - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm/wrist/hand chapter, MRI.

Decision rationale: This patient presents with chronic upper extremities pain. The request for authorization is dated 04/06/15. The current request is for MRI Bilateral hands. Treatment to date has included medications, diagnostics, activity modifications, status post 15 orthopedic surgeries including shoulders, left knee, fingers, right foot, right carpal tunnel and right elbow and psychiatric sessions. The patient is not working. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation." Given the patient's chronic condition, ODG guidelines are consulted. ODG guidelines have the following regarding MRIs under the forearm/wrist/hand chapter, magnetic resonance imaging is recommended when there is suspicion of a soft tissue tumor or Kienbock's disease. On 02/15/15, the patient reported weakness in her hand grip bilaterally, more on the right than left. There was severe tenderness at her right shoulder and elbow. Tinel's is positive at both wrists. She had decreased flexion bilaterally to 5 degrees of the fifth fingers and the left index finger. The recommendation was for MRI of the bilateral hands. The patient has had a right carpal tunnel release in the past. The date of surgery is not indicated in the medical reports. In this case, there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor or Kienbock's disease to warrant an MRI of the hand/wrist. This request is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 113, 75, 80-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use oof opioids Page(s): 88-89, 76-78.

Decision rationale: This patient presents with chronic upper extremities pain. The request for authorization is dated 04/06/15. The current request is for Tramadol ER 150mg #60. Treatment to date has included medications, diagnostics, activity modifications, status post 15 orthopedic surgeries including shoulders, left knee, fingers, right foot, right carpal tunnel and right elbow and psychiatric sessions. The patient is not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been prescribed Tramadol since at least 07/11/14. Reports 01/6/15 and 01/26/15 state that the patient is getting "partial benefit" with Norco, under treatment plan the treating physician stated “the patient needs to discontinue Norco and continue Ultram." Report 03/23/15 documented patient's difficulties with ADL's and it was noted that she recently went to the ER for increased symptoms. UDS was

obtained on 07/11/14 and 11/04/14 which detected Tramadol. The treating physician does not provide documentation that Tramadol helps the patient. No pain scales or a validated instrument are used to assess pain. No specific ADL's are mentioned to show a significant change with use of Tramadol. Urine drug screens are obtained but adverse side effects are not addressed. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.