

Case Number:	CM13-0026231		
Date Assigned:	12/11/2013	Date of Injury:	05/05/2011
Decision Date:	02/05/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Pt is a 45-year-old female who worked at [REDACTED] and states that on May 3, 2011 she was cleaning a big refrigeration unit for an 8 hour period, scrapping big, hard pieces of chocolate with a metal crowbar. The next morning the patient developed quite significant left shoulder and left-sided neck pain. She has been treated over these 2 years with left-sided issues. In an AME, in February of 2013 she was authorized to be treated for right upper extremity complaints as a compensatory issue. The patient complains of symptoms consistent with carpal tunnel syndrome. On examination dated 8/20/13 she has a positive Tinel's test over the median nerve at the wrist with a positive Phalen's test. There was significant weakness of opposition of the thumb to the little finger with decreased sensation in the median nerve distribution on the right side compared to the left. The patient had an EMG performed by [REDACTED] which revealed a moderate right carpal tunnel syndrome. There was no evidence of right or left sided upper extremity radiculopathy. Cervical MRI dated 11/30/12: Impression: 1. Marked right facet hypertrophic changes at C4-5, with mild/moderate narrowing of the right neural foramen. 2. Tiny central annular tear at C6-7, without stenosis. Left shoulder MRI dated 2/29/12: 1. Small amount of fluid in the subacromial subdeltoid bursa abutting a portion of the supraspinatus which looks slightly irregular. There may be mild fraying of supraspinatus tear. No frank rotator cuff tear is identified. There may be mild inflammation in the subacromial subdeltoid bursa, and in the subcoracoid bursa as well. 2. Exam otherwise was normal. On 8/20/13 Patient was given a wrist supports to use for sleep every night and during the daytime when symptoms got worse. Pt was given a prescription for three times a week for 3 weeks of PT as well. Per 10/28/13 physician note: Pt completed 4 physical therapy sessions authorized by [REDACTED]. She did not find them to be ben

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical Therapy 3 times per week for 3 weeks-right upper extremity: Upheld

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

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

Decision rationale: Physical therapy 3 times per week for 3 weeks-right upper extremity per MTUS and ODG guidelines. Per MTUS guidelines, "Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms." Additionally, the MTUS states that patient can have "Instruction in home exercise. Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range-of motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program" The ODG recommends "Carpal tunnel syndrome : Medical treatment: 1-3 visits over 3-5 weeks". Patient has had 4 visits which exceed recommended guidelines per ODG. She has not had any significant benefit in symptoms or documented functional improvement. There are no extenuating circumstances that would require additional PT. For these reasons Physical therapy 3 times per week for 3 weeks-right upper extremity is not medically necessary.