

Case Number:	CM13-0067173		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2010
Decision Date:	05/02/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/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:

This 41-year-old claimant has a date of injury of 05/04/10. She has been treated for neck, shoulder, and arm pain. There is concern over thoracic outlet syndrome, carpal tunnel syndrome, and cubital tunnel syndrome. EMG/NCS were performed in 2012 which demonstrated severe right carpal tunnel syndrome and right cubital tunnel syndrome. Physical therapy for thoracic outlet syndrome, referral to a neurologist for thumb/carpal tunnel syndrome/cervicobrachial syndrome, right carpal tunnel release surgery, a postoperative splint, and postoperative occupational therapy two times a week for four weeks were requested. At issue here are physical therapy, referral to a neurologist, and a postoperative splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THORACIC OUTLET SYNDROME (2 TIME PER WEEK FOR 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: Physical therapy for thoracic outlet syndrome would not be considered medically necessary or appropriate in this case. The ACOEM Guidelines support therapy for neck and arm pain. However, in this case, the diagnosis of thoracic outlet syndrome has not been firmly established. This was suggested in one Qualified Medical Examination (QME) performed by [REDACTED] on September 16, 2013. This claimant has been treated for a multitude of conditions to include bilateral carpal tunnel syndrome, right lateral epicondylitis, and left thumb MP joint derangement status post fusion, and left carpal tunnel release surgery. The notes provided by [REDACTED] office throughout 2012 and 2013 document treatment for these conditions. [REDACTED] has put forth additional diagnoses to include repetitive stress injury to the left upper extremity, left cervicobrachial syndrome, and right cervicobrachial syndrome. Thoracic outlet syndrome is extremely rare and a difficult diagnosis to establish. This claimant suffers from severe carpal tunnel syndrome, which can certainly cause pain throughout the arm, shoulder, and neck. There is no convincing evidence that cervical spondylosis or shoulder pathology has been ruled out as a source of this claimant's symptoms. Therefore, physical therapy for thoracic outlet syndrome is not medically necessary at this time.

REFERRAL TO A NEUROLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examination and Consultation, page 127.

Decision rationale: Referral to a neurologist for thumb/carpal tunnel syndrome/cervicobrachial syndrome would not be considered medically necessary or appropriate. The ACOEM Guidelines support referral to a specialist to help with diagnosis and management of problems outside the skill set of the treating physician. In this case, [REDACTED] is a hand surgeon and is quite capable of treating thumb problems and carpal tunnel syndrome. The diagnosis of thoracic outlet syndrome has not been firmly established in this case. Therefore, referral to a neurologist would not be considered medically necessary or appropriate at this time.

POSTOPERATIVE RIGHT SPLINT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter Carpal Tunnel Syndrome: Splinting.

Decision rationale: A postoperative splint following carpal tunnel release surgery would not be considered medically necessary or appropriate. The California MTUS and ACOEM Guidelines do not address this issue. The Official Disability Guidelines specifically state that splinting after

carpal tunnel surgery has no proven benefit compared to a bulky dressing alone. Therefore, a postoperative splint following carpal tunnel release surgery is not medically necessary or appropriate.