

Case Number:	CM13-0072732		
Date Assigned:	01/08/2014	Date of Injury:	08/01/2002
Decision Date:	06/10/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is 61-year-old female who reported an injury on 08/01/2002. The mechanism of injury was not stated. The current diagnoses include status post left ulnar nerve transposition, status post left thumb carpometacarpal (CMC) arthroplasty, bilateral shoulder impingement with rotator cuff tendinitis, status post left carpal tunnel release, status post right carpal tunnel release, left medial epicondylitis, thoracic outlet syndrome, bilateral lateral epicondylitis, status post left radial tunnel release, and multilevel disc disease of the neck. The injured worker was evaluated on 12/10/2013. The injured worker reported popping in the left wrist. Physical examination revealed slight popping in the left wrist. X-rays of the left wrist obtained in the office on that date indicated no evidence of significant abnormality. The treatment recommendations included continuation of current hand therapy twice per week for 6 weeks and a referral for a scalene block for thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 (ONE) REFERRAL FOR SCALENE BLOCK, BETWEEN 12/10/2013 AND 2/17/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If response to exercise is protracted, anterior scalene block has been reported to be efficacious in relieving acute thoracic outlet syndrome and as an adjunct to diagnosis. As per the documentation submitted, the injured worker does maintain a diagnosis of thoracic outlet syndrome. However, prior injections into the scalene muscles have not been effective. Given the chronicity of the injured worker's symptoms along with the current guidelines recommendations, a referral for the requested scalene block cannot be determined as medically appropriate. Therefore, the request for referral for scalene block is non-certified.

TWELVE (12) CONTINUED HAND THERAPY SESSIONS, BETWEEN 12/10/2013 AND 2/17/2014: 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), Shoulder (acute & chronic), Postoperative physical/occupational therapy.

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. THE MTUS guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. There is no documentation of the previous course of occupational therapy, with evidence of objective functional improvement. Additionally, the injured worker is status post bilateral carpal tunnel release, left radial tunnel release, left thumb carpometacarpal (CMC) arthroplasty, and left ulnar nerve transposition. It is unclear whether the occupational therapy is for the left hand or right hand. Based on the clinical information received, the request for twelve (12) continued hand therapy sessions is non-certified.