

Case Number:	CM14-0005021		
Date Assigned:	02/05/2014	Date of Injury:	06/26/2012
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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:

The patient is a 43-year-old-female who has submitted a claim for degenerative cervical disc disease, degenerative joint disease and rotator cuff tendinitis bilateral shoulders, bilateral upper extremity numbness, rule out carpal tunnel syndrome, and trigger finger, associated with an industrial injury date of 6/26/2012. Medical records from 2012 to 2013 were reviewed which revealed consistent pain and numbness in bilateral upper extremities which is worse in both wrists and hand. She reported increased pain with prolonged positioning of the head and neck, forward bending, pushing and pulling due to her neck symptoms. She has problems with grasping, torquing motions, fine finger manipulation, repetitive hand movement, pushing and pulling due to her hand symptoms. Physical examination showed tenderness of the right paracervical muscles extending to the right trapezius region. Compression and Spurling tests were negative. Range of motion of the neck and shoulders were normal. Mild impingement of left shoulder, elbows and wrists were noted. Finkelstein test was negative bilaterally. Tinel's and Phalen's were positive bilaterally. EMG done on 7/24/12 showed no evidence of cervical radiculopathy. No evidence of nerve entrapment or carpal tunnel syndrome seen. MRI of the right and left wrists done on 7/19/12 showed mild extensor carpi ulnaris tendinosis and mild degenerative changes and edema in proximal pole of trapezium, respectively. MRI of the right shoulder done on 5/25/2013 showed supraspinatus tendinopathy w/o discrete rotator cuff tear. Treatment to date has included, cortisone injections of both fingers, chiropractic, acupuncture and physical therapy sessions with a total of 8 sessions each done on 06/2012. Medications taken were Naproxen 220 mg/tab and Synthroid .1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 FOR THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient already underwent previous physical therapy sessions with a total of 8 visits since June 2012. There is recent exacerbation of left hand pain, however, objective findings only showed mildly positive Tinel's and Phalen's tests; range of motion was fairly comfortable. She is currently in a home stretching exercise program which provides her relief. There is no discussion in the documentation concerning the need for further physical therapy of bilateral wrists. Therefore, the request for physical therapy for the bilateral wrists is not medically necessary.