

<b>Case Number:</b>	CM14-0011911		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Occupational Medicine. 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 54 year-old female with date of injury 02/11/2013. The primary treating physician's progress report, dated 12/10/2013, lists subjective complaints as continued pain throughout the right arm. She reports shooting pain from her right elbow to her right hand as well as numbness in the right hand and pain radiating from the neck to the right hand. Objective findings: examination of the upper extremities revealed tenderness to palpation of the right forearm and radial tunnel. Numbness was noted in the ulnar nerve distribution and also in the radial nerve distribution. Tenderness to palpation was noted in the thoracic outlet with associated pain with stretch of the brachial nerve. Tinel's sign and positive elbow flexion test. Diagnosis include bilateral thoracic outlet syndrome; right cubital tunnel and carpal tunnel syndrome; and possible right radial tunnel syndrome. The medical records provided for review state that the patient has completed some physical therapy, chiropractic care, and acupuncture, but the exact frequency and duration of each was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY OR OCCUPATIONAL THERAPY TWO TO THREE TIMES PER WEEK FOR FOUR TO SIX WEEKS UP TO A TOTAL OF 18 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. In this case a trial of physical therapy was authorized by the Claims Administrator. There is no documentation of objective functional improvement. Therefore, the request for physical therapy or occupational therapy two to three times per week for four to six weeks up to a total of 18 sessions is not medically necessary.

**RADIAL NERVE BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 234.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Surgery For Thoracic Outlet Syndrome (TOS).

**Decision rationale:** According to the Official Disability Guidelines, a confirmatory response to EMG guided scalene block, and/or confirmatory electrophysiologic testing is advisable before consideration for surgery. In this case, a radial nerve block and a scalene block were ordered in an attempt to confirm the diagnosis of thoracic outlet syndrome. The scalene block was authorized. The Official Disability Guidelines do not recommend a radial nerve block. Therefore, the request for a radial nerve block is not medically necessary and appropriate.