

Case Number:	CM14-0206181		
Date Assigned:	12/18/2014	Date of Injury:	04/07/2014
Decision Date:	02/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/09/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 37 year old female with date of injury of 4/7/2014. A review of the medical records indicate that the patient is undergoing treatment for bilateral upper extremity tendinitis, paraesthesias, and cervico-thoracic myofascial pain. Subjective complaints include continued pain and tingling in her bilateral wrists and pain in her neck and upper back. Objective findings include limited range of motion of the cervical and thoracic spine with tenderness to palpation of the paravertebrals; positive Tinel's and Phalen's bilaterally; negative EMG: cervical spine X ray was normal dated 10/2/2014. Treatment has included acupuncture, physical therapy, and worksite modification. The utilization review dated 10/30/2014 non-certified 6 PT visits and a joy stick mouse.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PT visits to the bilateral UE and the upper back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The employee has had an unspecified number of physical therapy sessions already without documentation of the functional improvements or the goals for further sessions. As such, the request for 6 PT visits to the bilateral UE and the upper back is not medically indicated.

Joystick mouse: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Regarding mouse types and use, MTUS is silent, but ODG states the following: "Under study. Workers who work in front of a computer almost all day and use the mouse at least half the time have a four-fold higher risk of problems. Workers who use the mouse for more than 30 hours per week have as much as an eight-fold higher risk of developing forearm pain, double the risk of moderate to severe neck pain and triple the risk of right shoulder pain. Preventive exercises: the best thing is that they keep you away from the mouse or the keyboard while doing them. (Jensen, 2003) Some controversy continues about whether computer work is a risk factor for CTS, and there may be more of an association between use of a mouse device than with keyboard use. (Andersen-JAMA, 2003) A recent systematic review of studies of computer work and CTS concluded, because of insufficient quality, bias, lack of consistency and statistical power, evidence is insufficient to conclude that computer work (mouse and keyboard) causes CTS. Experiments on the effect of positions of fingers, wrist and forearm comparable to the positions common in computer use have shown that carpal tunnel pressure (CTP) increases but not to levels generally believed to be harmful. Mean CTP levels between 28-33 mmHg were observed when study participants were dragging or clicking with the mouse, but lower values were found with the hand static on the mouse. Although the experiment has never been repeated these findings indicate a possible pathophysiological mechanism for CTS among heavy mouse users. (Thomsen, 2008)". Since there is very little medical evidence to support the use of a joystick mouse, the request for a joystick mouse is not medically necessary.

