

Case Number:	CM14-0211391		
Date Assigned:	12/24/2014	Date of Injury:	04/14/2010
Decision Date:	02/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/17/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 04/14/10. Treatments included right shoulder arthroscopic surgery and a right carpal tunnel release. She is also being treated for symptoms of radiating neck pain, left medial epicondylitis, and left carpal tunnel syndrome. She was seen on 06/18/14. She was having neck pain and left hand numbness. There had been improvement after her shoulder surgery. She had undergone a left elbow injection with improvement. EMG/NCS testing is referenced as having shown findings of left carpal tunnel syndrome. Physical examination findings included positive left Tinel and Phalen tests. She had decreased right shoulder range of motion with rotator cuff weakness. Left carpal compression testing was positive and she had decreased left median nerve distribution sensation. A left carpal tunnel splint was provided. On 08/06/14 pain was rated at 6/10. Medications were tramadol, Relafen, Terocin, cyclobenzaprine, and omeprazole. Physical examination findings included decreased cervical spine range of motion with paraspinal muscle tenderness. There was positive left Spurling's testing. Right shoulder supraspinatus testing was positive. There was right biceps tendon pain. She had a positive Tinel test at the left wrist and medial epicondyle with decreased hand sensation. Tramadol 50 mg #60, Relafen 500 mg #60, cyclobenzaprine 10 mg #60, omeprazole 20 mg #30, and Terocin were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment

Decision rationale: The claimant is nearly 5 years status post work-related injury and is being treated for left carpal tunnel syndrome (CTS). Treatments have included a splint. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for CTS and recommend 1-3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.