

Case Number:	CM15-0116901		
Date Assigned:	06/25/2015	Date of Injury:	09/16/2007
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female sustained an industrial injury to the back, neck and right arm on 9/16/07. Previous treatment included lumbar fusion, chiropractic therapy, acupuncture, epidural steroid injections, bracing and medications. Bilateral upper extremity electromyography (5/4/15) showed borderline ulnar mononeuropathy at the left elbow with findings suggestive of median mononeuropathy at the right wrist without evidence of right cervical radiculopathy or brachial plexopathy. In a visit note dated 5/20/15, the injured worker complained of continuing neck pain with radiation to the right upper extremity and hand, low back pain with radiation into the lower extremities and increasing left hip pain. The injured worker stated that she had pain in the right wrist with using the cane. The injured worker had swelling in the fingers and weakness with hand grip. The injured worker reported that it was very difficult to write and hold a pen. Current diagnoses included lumbar disc displacement without myelopathy, neck pain, shoulder joint pain and pain in limb. The physician noted that although there were some mild/developing findings on upper extremity electromyography, they were not severe enough to warrant surgical intervention. The physician stated that the injured worker used the cane in the right hand and this might have contributed to right wrist and hand symptoms. The physician recommended twelve sessions of hand therapy and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the right hand and wrist: Upheld

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

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 has a remote history of a work-related injury in September 2007. When seen, she was having ongoing neck and right upper extremity pain. EMG/NCS testing had included findings of possible right median mononeuropathy at the wrist. There was cervical spine tenderness and pain with range of motion. There was right trapezius muscle tenderness with increased muscle tone. Right shoulder and grip strength were decreased. Authorization for 12 hand therapy sessions was requested. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend up to 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 not medically necessary.