

Case Number:	CM15-0073709		
Date Assigned:	04/23/2015	Date of Injury:	10/30/2007
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/17/2015

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:

The injured worker is a 40 year old female, who sustained an industrial injury on 10/30/07. She reported pain in her right upper extremity. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included physical therapy, an EMG study, right carpal tunnel release surgery on 3/12/14 and pain medications. As of the PR2 dated 1/20/15, the injured worker reports progressive symptoms in the right arm despite carpal tunnel release surgery. She rates her pain a 6/10. The treating physician noted a positive Tinel's sign bilaterally. The treatment plan includes a referral to a neurologist and physical therapy. The treating physician requested physical therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6: Overturned

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

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), physical therapy, Brachial plexus lesions (Thoracic outlet syndrome).

Decision rationale: The claimant sustained a work injury in October 2007 and underwent a right carpal tunnel release without improvement. She has ongoing right upper extremity symptoms and is currently being treated as a diagnosis of thoracic outlet syndrome. As of 03/24/15 she had completed at least five treatment sessions out of the 10 that were requested. She had a reduction in symptoms with manual therapy and mobilization. Being requested is an additional six therapy sessions. In terms of therapy for thoracic outlet syndrome, guidelines recommend up to 14 treatment sessions over an 6 week period of time. In this case, the claimant has partially improved and the requested number of treatments is within the guideline recommend. The request was therefore medically necessary.