

Case Number:	CM13-0010578		
Date Assigned:	12/11/2013	Date of Injury:	09/12/2008
Decision Date:	02/10/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 39 year old male who reported an injury on September 12, 2008. The mechanism of injury was not submitted. The patient was diagnosed with thoracic outlet syndrome and residual myofascial pain syndrome. The clinical documentation submitted for review stated the patient underwent a left supraclavicular total scalenectomy. The patient complained of pain to the head, neck, shoulders and left arm with bilateral numbness and tingling in the bilateral hands and fingers. The patient rated his pain at 3-7/10. The patient stated the H-wave provided relief of pain. The physical examination revealed a positive EAST test and negative Adson's, AER, Erb's point, Tinel's and Phalen's tests. The clinical documentation dated September 4, 2013 objective findings revealed decreased range of motion, tenderness, with weakness and significant endurance deficits in his deep neck flexors and scapular retractors and depressors. The clinical documentation submitted for review dated November 6, 2013 stated the patient had a decrease in the numbness and tingling in the left arm but continues to have constant pain in the neck and arms. The patient stated the H-wave machine seemed to be causing increased pain instead of relief as before. The post-surgical physical examination revealed a continued decrease in range of motion, strength and endurance resulting in right shoulder rounding and forward head posture with the inability to maintain good sitting posture 1-2 minutes secondary to fatigue. The patient was unable to perform bathing and dressing independently. The patient has been treated with medication, H-wave, physical therapy and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition. Chapter: Neck and Upper Back (Acute and Chronic)

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

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain to the head, neck, shoulders, and left arm with bilateral numbness and tingling in the bilateral hands and fingers. The patient is status post supraclavicular total scalenectomy. CA MTUS recommends physical therapy along with a home exercise in order to maintain improvement levels. The clinical documentation submitted for review does not indicate if the patient was participating in a home exercise program or functional improvement with the home exercise program as recommended by the guidelines. As such, the request is non-certified.