

Case Number:	CM13-0032215		
Date Assigned:	12/04/2013	Date of Injury:	11/11/2012
Decision Date:	01/16/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Medicine, has a subspecialty in American Board of Preventive Medicine (ABPM), and is licensed to practice in California. 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:

33 yr. old female who sustained an injury on 11/11/12 in her neck, back and shoulders while working in a fitness gym. She developed thoracic outlet obstruction and had rib resection in 2009 as well as scalene and trapezius blocks on 1/22/13. She had full resolution of symptoms until November 2012. She had persistent paresthasias on the right and left side. Subsequently she has been off of work since Feb 2013. Her nerve conduction velocity (NCV) and electromyogram (EMG) studies were unremarkable. A progress note on 7/2013 noted that she had persistent pain 7/10 in the shoulders, spine and arms. She has difficulty sleeping as well as performing activities of daily living. Her orthopedic surgeon recommended physical therapy of her cervical spine, shoulders and thoracic spine 2-3x/week for 6 weeks to address range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 6wks cervical and lumbar spine, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Neck and Upper Back Complaints and Section Shoulder Complaints / Thoracic Outlet Compres.

Decision rationale: According to the MTUS guidelines, therapy on the neck is recommended 1-2 times for education and evaluation. Then neck exercises are recommended at home. Table 8-8 in the guidelines indicates that therapy is optional and only recommended early in care. Table 9-3 sates that shoulder exercise and range of motion are non-prescribed modalities for control of shoulder symptoms. For management of thoracic outlet obstruction- shoulder strengthening and range of motion exercise are recommended. A short course of supervised exercise therapy is optional and has limited evidence to show benefit. The requested therapy of 18 sessions is beyond what is medically necessary for the symptoms.