

Case Number:	CM13-0033886		
Date Assigned:	12/06/2013	Date of Injury:	04/21/2013
Decision Date:	02/19/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 49 year old female who reported a work-related injury on 04/21/2013, specific mechanism of injury not stated. The patient diagnoses include the following: right shoulder/right upper extremity pain and cervical spine pain. The clinical note dated 09/17/2013 reports that the patient was seen under the care of [REDACTED]. The provider documented that the patient underwent studies of the cervical spine, brachial plexus and shoulder; the patient was recommended to undergo a spine surgical consultation and evaluation with this provider for pain. The provider documented that the patient reported complaints of continuous pain to the right shoulder with radiation to the upper extremities with associated numbness, tingling and weakness as well as spasms. The provider documented the same symptomatology reported by the patient about the cervical spine. The patient rated her pain at a 9/10. The patient utilized Benadryl and Percocet. The provider documented that the patient presented with a prior history of asthma and morbid obesity. The provider documented that the patient was in obvious distress and the right arm was braced on a pillow support. The provider documented that upon physical exam of the patient, severe right scalene tenderness was noted. The patient had positive axial head compression to the right, and increased neck pain with extension and lateral rotation was noted. The provider documented that there was guarding with bracing of the right upper extremity as well as tenderness about the right shoulder, elbow and hand. The provider documented that range of motion about the right shoulder was noted to be at 120 degrees of abduction, 140 in forward flexion, 50 in internal rotation, 70 in external rotation. The provider documented positive impingement sign and supraspinatus testing. The provider documented that the patient had a positive Roos test and Wright test. The provider documented that severe pain was reported with right costoclavicular abducti

IMR ISSUES, DECISIONS AND RATIONALES

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

Right scalene release with physical therapy x 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to provide evidence that the patient presented with imaging study objective findings of thoracic outlet syndrome to support the requested intervention at this point in the patient's treatment. The California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine (MTUS/ACOEM) do not specifically address; however, the Official Disability Guidelines indicate that over 85% of patients with acute thoracic outlet compression symptoms will respond to a conservative program, including exercise. While not well-supported by quality studies, cases with progressive weakness, atrophy and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to an EMG-guided scalene block and/or confirmatory electrophysiologic testing is advisable before considerations for further surgical interventions. Further assessment of the patient's diagnosis would be indicated prior to the request. Given all of the above, the request for a right scalene release with physical therapy 12 visits is not medically necessary nor appropriate.