

Case Number:	CM13-0044954		
Date Assigned:	12/27/2013	Date of Injury:	11/04/2011
Decision Date:	03/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational Therapy and is licensed to practice in Mississippi. 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:

Claimant is a 41 year old female with date of injury 11/4/2011 when she injured her elbow and shoulder. She subsequently had surgeries for ulnar transposition and for thoracic outlet syndrome. Evaluation on 11/7/2013 by a neurologist reported that the claimant complained of shoulder pain, elbow pain, and headache. On exam there was hypoesthesia in the right ulnar territory and bilateral periscapular weakness, worse on the right. Diagnoses include 1) right worse than left thoracic outlet syndrome 2) neuropathic pain from thoracic outlet syndrome 3) elbow pain and dysesthesia from brachial plexus 4) chronic costobertebral joint dysfunction. Clinical note dated 11/14/2013 reports that the claimant was evaluated for a posture vest evaluation. When her shoulder blades were manipulated all of her symptoms disappeared promptly. Specifically, the burning in the dorsal aspect of her hand and distal forearm, and the tingling in her thumb, fourth and fifth fingers all disappeared. In addition, her right hand strength doubled by Jamar testing while he held her shoulder blades in a neutral position. The claimant is doing physical therapy, consisting of stretching and nerve glide exercises. Deep back massage and manipulation helps her muscles spasm in those areas. Her current medications are Gabapentin 600 mg three times daily, diazepam 5 mg as needed, Norco 10/325 mg 1 tab twice daily as needed, Zolpidem 10 mg at bedtime as needed, and Voltaren gel to affected areas four times daily as needed. She continues to use her TENS unit daily for muscle spasms in her back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions two (2) times a week for eight (8): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Progress notes report that the claimant had only completed 3 or 4 of 12 sessions of physical therapy postoperatively. The patient felt better with therapy, but regressed after her 12 approved sessions ran out (authorization period lapsed), reportedly due to scheduling difficulties. The claimant is status post surgery for cubital tunnel syndrome and thoracic outlet syndrome. The claimant was having benefit from physical therapy, and did not complete the 12 sessions previously approved. It is reasonable within these guidelines for additional physical therapy for this claimant. The request for physical therapy 2x8 is determined to be medically necessary.

Occupational therapy two (2) times a week for eight (8) weeks: Upheld

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

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

Decision rationale: The Occupational Therapy is covered by the Physical Medicine Section in the Chronic Pain Medical Treatment Guidelines. The claimant has been approved for physical therapy 2x8 sessions in this independent review, and there remains no evidence that physical therapy alone will not adequately address her right hand problems. The request for occupational therapy at this time would be an increase in total amount of physical medicine without adequate support for the efficacy of the treatment or assessment for need of additional treatment. Progress note dated 10/16/2013 reports that the claimant needs occupational therapy to improve right hand fine motor strength. She reportedly has difficulty with fine motor movement of the right hand. Progress note dated 10/2/2013 reports that fine motor control is a problem, as is proprioception with her fingers. For example, writing is difficult because she must squeeze the pen tightly in order to get a good grip and this causes hand pain. . The request for occupational therapy 2x8 sessions is determined to not be medically necessary.

A body buoy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.tospromedicalproducts.com/back_buoy.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The requesting physician reports that the body buoy is an under-vest with semi flexible, parallel, posterior, paramedian postural supports combined with crossed semi-

circumferential scapular control elements that allow independent, variable, scapular adduction as well as cephalad displacement. the corrective elements are stabilized anteriorly and posteriorly for minute to minute scapular control while ambulatory, aided by deltoid anchors. There is no restriction of trunk motion in an any direction. Scapular adduction increases the A-P diameter of the superior thoracic aperture thus improving circulation, neural activity and lymphatic drainage. Its value is predicted by scapular taping or any other means of scapulospinal correction. The Body Buoy vest without its accessories serves as a minimal posture corrector useful during sleep or during very active physical activities. There is no evidence based criteria to indicate that the Body Buoy use improves pain or function in controlled studies. The request for Body Buoy is determined to not be medically necessary.