

Case Number:	CM13-0052518		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2013
Decision Date:	03/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/15/2013

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 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:

The patient is a 32-year-old injured worker with a date of injury of 02/07/2013. Patient was seen 06/19/2013 for follow-up appointment and was complaining of pain. The treating physician noted patient is not doing any better and that the patient's neck pain has increased, and has lower back pain. Diagnosis includes chronic cervical lumbar strain, possible left thoracic outlet syndrome. Physical exam just noted unchanged. Patient was seen 07/15/2013 for evaluation, physician noted 2 year history of pain in the back of the neck radiating to the lateral aspect of the left hand especially the 4th and 5th fingers. It was also noted on exam that the patient does feel numbness and tingling sensations and worsens when bringing the shoulders back. Patient did note on examination for thoracic outlet and it did show that the patient had both Adson and costoclavicular maneuvers both were positive. On exam it was noted that he does lose radial pulses with only moving his shoulders back and to the right. Also noted when abduction of the arm is associated with significant tingling and discomfort for the patient. Doctor's clinical impression is chronic cervicothoracic and left extremity pain highly suggestive of thoracic outlet syndrome. The physician noted in his discussion as far as therapy goes some patients do benefit from physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the cervical and lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Official Disability Guidelines states under brachial plexus lesions, thoracic outlet syndrome, therapy is recommended 14 visits over 6 weeks. Based on the medical records provided for review the patient has a two year history of pain in the back and neck radiating to the lateral aspect to the left hand especially in the 4th and 5th fingers. Pain worsens when bringing the shoulders back. The patient does feel numbness and tingling sensations. On focus examination for thoracic outlet shows that both Adson and costoclavicular maneuvers are strongly positive. The patient loses the radial pulse with only moving their shoulders back and the head to the right and when the abduction of the arm is associated with significant tingling and discomfort. The treating provider has noted in their clinical impression chronic cervicothoracic and left upper extremity pain highly suggestive for thoracic outlet syndrome. The request for physical therapy two times a week for six weeks for the cervical and lumbar spine is medically necessary and appropriate.