

Case Number:	CM13-0066717		
Date Assigned:	01/03/2014	Date of Injury:	11/04/2011
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for ulnar neuropathy reportedly associated with an industrial injury of November 4, 2011. Thus far, the applicant has been treated with following: Analgesic medications; a rib resection and scalenectomy procedure on January 4, 2013; a cubital tunnel release surgery on February 6, 2012; unspecified amounts of physical therapy; a TENS unit; psychotropic medications, including Cymbalta; topical agents; and extensive periods of time off of work, on total temporary disability. In an operative report of September 13, 2013, the attending provider performed a right rib resection, anterior scalenectomy, and middle scalenectomy following an earlier rib resection surgery in January 2013. On November 14, 2013, the applicant is described as two months removed from a right infraclavicular residual right first rib resection and scalenectomy for thoracic outlet syndrome. The applicant was described as having trouble with fine motor control of the right hand, initially, which was reportedly present prior to the earlier operation. The applicant is dropping objects, which he holds more than 50 seconds. She is having difficulty writing. It is stated that the applicant is doing physical therapy, manipulation, and massage. She continues to use a TENS unit. It is stated that her medication list includes Neurontin, Valium, Norco, Ambien, and Voltaren gel. Supraclavicular edema was present. The applicant had a BMI of 24. Her surgical incision line was healing well. The applicant was described as not able to return to work. Additional physical therapy, occupational therapy, and a posture vest were sought. It was stated that the posture vest would be employed to ameliorate the applicant's shoulder shrug deficit/shoulder weakness. In a Utilization Review Report of November 22, 2013, the claims administrator reportedly denied a request for physical therapy, occupational therapy, and a body buoy. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR EIGHT (8) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the Postsurgical Treatment Guidelines do support a general course of 20 sessions of postsurgical treatment following surgery for thoracic outlet syndrome or brachial plexus lesions, the issue reportedly present here, in this case, however, it was not clearly stated how much prior therapy the applicant has had between the date of surgery, in September 2013, and the date of the Utilization Review Report, on November 22, 2013. It was not clearly stated that the applicant had benefited from prior treatment. The applicant remained off of work, on total temporary disability, and remained quite reliant on various medications including Neurontin, Valium, Norco, Ambien, and Voltaren gel, as well as TENS unit, massage therapy, and manipulation. As further noted in the California MTUS Guidelines, in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued "at any time" during the postsurgical physical medicine. In this case, the limited information on file does not clearly establish the presence of functional improvement with prior unspecified amounts of physical therapy following the most recent surgery in September 2013. Therefore, the request for additional therapy is not certified.

OCCUPATIONAL THERAPY, TWO (2) TIMES PER WEEK FOR EIGHT (8) WEEKS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the MTUS 9792.24.3 does support an overall course of 20 sessions of treatment following surgery for brachial plexus lesions or thoracic outlet syndrome, the issue present here, in this case, however, it was not clearly stated how much postoperative therapy the applicant had had between the date of surgery in September 2013 and the date of the Utilization Review Report, November 22, 2013. The presence of functional improvement with prior physical therapy was not clearly established. The limited information on file suggests that the applicant had significant residual physical impairment, remained highly reliant on various medications, and was off of work. Therefore, the request for additional physical therapy is not certified, on Independent Medical Review.

A BODY BUOY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [TopsProMedicalProducts.com/back_buoy](https://www.topspro.com/back_buoy).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205,211.

Decision rationale: It is not clearly stated what this device represents. However, as noted in the California MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, scalene-strengthening and trapezius-strengthening exercise have been found to be effective on relieving thoracic outlet compression symptoms. Similarly, page 211 of the California MTUS-adopted ACOEM Guidelines in Chapter 9 states that most applicants with thoracic outlet compression symptoms will respond to strengthening exercises and/or ergonomic changes. There is no specific role for the proposed body buoy device proposed here. The attending provider has not provided any clear rationale for this device to offset the unfavorable ACOEM recommendations. Again, ACOEM supports exercises and ergonomic changes to ameliorate thoracic outlet syndrome but does not support specific garments to treat the same. The attending provider has not proffered any specific rationale for usage of the body buoy in question. Accordingly, the request remains not certified, on Independent Medical Review.