

Case Number:	CM13-0067983		
Date Assigned:	01/03/2014	Date of Injury:	01/07/1997
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 58-year-old female who reported an injury on 01/07/1997. The mechanism of injury was not stated. The patient is diagnosed with left thoracic outlet syndrome, status post left shoulder rotator cuff repair, and status post neck fusion. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing pain throughout the left upper extremity with radiation to the cervical spine. Physical examination revealed tenderness in the supraclavicular area on the left, pain with stretching of the brachial plexus on the left, and diminished sensation of the left 4th and 5th digits. Treatment recommendations included continuation of current medication. A request for authorization form was then submitted on 10/22/2013 by [REDACTED] for 12 sessions of outpatient physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LEFT THORACIC OUTLET SYNDROME (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical Therapy

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines state physical medicine treatment for thoracic outlet syndrome includes 14 visits over 6 weeks. As per the documentation submitted, the patient has completed an unknown amount of physical therapy sessions to date. There was no documentation of objective functional improvement following the initial course of physical therapy. Without evidence of functional improvement, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.