

Case Number:	CM14-0007196		
Date Assigned:	02/07/2014	Date of Injury:	03/10/1997
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old with an injury date on 3/10/97. Based on the 12/10/13 progress report provided by [REDACTED] the diagnoses are: 1. anxiety state, unspecified 2. Depressive disorder NEC, 3. Other chronic pain, 4. Other headache syndromes, 5. Degenerative cervical intervertebral disc, 6. Brachial plexus lesions, 7. UNS neuralgia neuritis and radiculitis, 8. CRPS, 9. RSD, 10. TOS bilateral. Exam on 12/10/13 showed "generalized mild and moderate tenderness over neck and shoulder girdle. Head held in a forward position. Movement moderately restricted in all directions, pain elicited in all directions. Moderate tenderness over the supraclavicular area upon palpation of upper extremities bilaterally. Muscle spasm in bilateral paraspinals, bilateral scalene of C-spine. The neck is restricted in flexion and extension, restricted in rotation to the right and left. Positive bilateral Adson's maneuver." [REDACTED] is requesting eighteen physical therapy sessions, one scapular brace, and one posture shirt. The utilization review determination being challenged is dated 12/26/13 and rejects request for physical therapy due to prior 18 sessions, and rejects the scapular brace and posture shirt due to lack of current guideline support and clinically indicated studies. [REDACTED] is the requesting provider, and he provided treatment reports from 1/28/13 to 12/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES,

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

Decision rationale: This patient presents with aching pain in posterior neck and numb, tingling pain in bilateral shoulders, burning, numb, tingling pain in bilateral arms, and is status/post C-spine surgery from 2008 for fusion of C5-C7 and multiple decompressions, and s/p right supraclavicular scalenectomy from 2/11/12. The treater has asked 18 physical therapy sessions on 12/10/13. There is no evidence in provided reports that patient has undergone recent physical therapy. MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The patient has had surgery but is outside of post-operative time-frame. In this case, the treater has asked for 18 physical therapy sessions which exceeds Chronic Pain Medical Treatment Guidelines, for this type of condition. Therefore the request for 18 Physical Therapy is not medically necessary.

ONE (1) SCAPULAR BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lumbar Supports: ACOEM guidelines page 301 on lumbar bracing: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 308, Tabel 12-8, "Corset for treatment"--Not recommended. ODG guidelines for lumbar supports has the following:

Decision rationale: This patient presents with aching pain in posterior neck and numb, tingling pain in bilateral shoulders, burning, numb, tingling pain in bilateral arms, and is status/post C-spine surgery from 2008 for fusion of C5-C7 and multiple decompressions. The treater has asked one scapular brace on 12/10/13 to "improve shoulder girdle mechanics, assist with support/suspension, center the humeral head optimally, and provide proprioceptive benefit" for patient's shoulder girdle laxity. ACOEM and ODG are silent in respect to shoulder braces. AETNA guidelines consider scapular bracing or the S3 bracing experimental and lacking clinical evidence. Furthermore, the patient does not present with any shoulder winging for which this bracing is typically indicated for. Therefore the request for Scapular Brace is not medically necessary.

ONE (1) POSTURE SHIRT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Durable Medical Equipment:

Decision rationale: This patient presents with aching pain in posterior neck and numb, tingling pain in bilateral shoulders, burning, numb, tingling pain in bilateral arms, and is status/post C-spine surgery from 2008 for fusion of C5-C7 and multiple decompressions. The treater has asked one posture shirt on 12/10/13 "to help aid open of the supraclavicular triangle biomechanically reducing the thoracic outlet syndrome." ACOEM is silent in respect to posture-correcting garments. Posture shirt does not meet ODG guidelines for DME. Regarding posture shirts, current guidelines indicate they meld to the skin and gradually improve posture and reduce pain. Due to lack of published research showing their efficacy, requested posture shirt is considered experimental and investigative. Therefore the request for Posture Shirt is not medically necessary.