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| Case Number: | CM14-0008164 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 07/25/2001 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 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 72 year-old male with a 7/25/2001 industrial injury claim. He has been diagnosed as status post slip and fall injuring head, left side of body and right hand; left radial head fracture; compensatory right lateral and medial epicondylitis; left hip bursitis; bilateral TOS; and left plantar bursitis. According to the 10/30/13 neurology report, the patient presents with nasal pillow leaking, right elbow, hand and arm pain, left hip and knee pain, TOS, heartburn, snoring, increased fatigue, difficulty in word finding, pain in heels and balls of feet, decreased visual field, left and feet cramping, muscle burning in the whole body, random twitching of fingers, headaches and insomnia. The issue for this IMR is the request for PT for TOS 2x6, and [REDACTED]. UR recommended non-certification for the PT on 11/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THORACIC OUTLET SYNDROME (TOS) 2 X PER WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: The patient presents with right upper extremity and left lower extremity pain, whole body muscle pain, and bilateral TOS and multiple other comorbidities. I have been asked to review for PT for TOS, 2x/week for 6 weeks or 12 sessions. MTUS Chronic pain guidelines recommends up to 8-10 sessions of PT for various neuralgias or myalgias. The request for 12 sessions of PT exceeds the MTUS recommendations. Request is not medically necessary.