

Case Number:	CM14-0023535		
Date Assigned:	06/11/2014	Date of Injury:	01/12/2006
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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 & 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 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 injured worker is a 45 year old female with a date of injury on 01/12/2006 with no mechanism of injury. The injured worker had complaints of neck pain and spasms. Physical examination on 01/23/2014 stated that the injured worker still with discomfort, complaining of muscle spasms in other muscles. Also exam showed positive Adson's on the left and positive Adson's on the right. There was a note of decreased pulse and the rest on the note was illegible. Diagnostic studies performed on 11/27/2013 were electromyography and ultrasonography to inject botulinum toxin into the middle scalene muscle, traps, levator, rhomboid and paraspinals. Electromyography recordings demonstrated intense spasm, but there was no denervation and no drop out of motor units. Diagnoses were spasm of muscles, cervical dystonia and thoracic outlet syndrome. Reported past treatments in the document submitted were listed as failed conservative therapy that included exercises, ergonomic adjustments, physical therapy, analgesics, anti-inflammatory agents. Current medications were not listed. Follow up examination on 03/06/2014 stated that botulinum toxin injection for cervical pain did not improve pain. The treatment plan for the injured worker was for physical therapy twice a week for six weeks and platelet rich plasma injection. The rationale was not documented in the submitted report. Authorization for request was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA INJECTION: 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), Pain, Platelet Rich Plasma (PRP).

Decision rationale: The request for platelet rich plasma injection is not medically necessary. The report submitted is lacking information. The progress notes for the injured worker are not detailed enough. The report submitted stated failed conservative care. Dates of physical therapy with documented failure or functional improvement, medications taken with documented failure or improvement should be reported. Official Disability Guidelines state that platelet rich plasma injection is not recommended except in research studies. Also the request does not mention location where the injection will be given. Therefore, the request is not medically necessary.

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: 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), Shoulder, Thoracic Outlet Syndrome.

Decision rationale: The request for physical therapy two times weekly for six weeks is not medically necessary. The injured worker is noted to be having cervical neck pain. Documentation of failed conservative care, (e.g., medications, exercise, hot and cold therapy), was not in the report submitted. The request does not specify location on the injured worker that needs physical therapy. Official Disability Guidelines state Adson's test not recommended as the only test. Adson's test was not as specific as other tests for (thoracic outlet syndrome) shoulder maneuvers. Adson's test, costoclavicular maneuver, elevated arm stress test, and supraclavicular pressure were compared. In healthy subjects the outcomes of pulse alteration or parathesias were unreliable in general. The guidelines suggest that several maneuvers should be documented for a more reliable outcome. Therefore, the request is not medically necessary.