

<b>Case Number:</b>	CM14-0038021		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pain Management 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 46 year old with an injury date on 11/1/11. Based on the 2/27/14 progress report provided by [REDACTED] the diagnoses are: 1. Right thoracic outlet syndrome. 2. Right carpal tunnel syndrome, positive EMG (Electromyography) 3. Left carpal tunnel syndrome asymptomatic with positive EMG (Electromyography) 4. History of right thumb CMC (Carpometacarpal) osteoarthritis. 5. Bilateral small finger DIP (Distal Interphalangeal) osteoarthritis. Exam on 2/27/14 showed "patient overweight, cervical spine flexion/extension is to 20 degrees, bilateral rotation to 80 degrees, positive right Spurling's maneuver with tingling in right thumb, decreased sensation in right first through third fingers, positive Tinel's over right carpal tunnel and negative on left, positive right Phalen's maneuver, no atrophy of either hands, no stigmata of CRPS (Complex Regional Pain Syndrome) and 1+ bilateral biceps, triceps, trachioradialis deep tendon reflexes." [REDACTED] is requesting right brachial plexus outlet and cervical MRI, consult at physiotherapy associates, and eight sessions with a specialty physical therapist. The utilization review determination being challenged is dated 3/17/14 and rejects request for MRI due to 2 years of unchanged symptoms, and rejects consult due to lack of clear explanation, and rejects physical therapy since patient has already undergone physical therapy without documentation of results. [REDACTED] is the requesting provider, and he provided treatment reports from 2/27/13 to 1/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right brachial plexus thoracic outlet and cervical MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC guidelines, MR imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>).

**Decision rationale:** This patient presents with neck and right upper extremity pain/numbness. The treater has asked right brachial plexus outlet and cervical MRI on 2/27/14. The 2/27/14 report states patient had physical therapy apparently for her carpal tunnel syndrome. Review of the reports does not show any evidence of recent physical therapy being done. Review of the 2/27/14 shows patient has not improved in nearly two years, has numbness, worsening pain, and paresthasias. In regard to chronic neck pain, AECOM requires red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies. ODG guidelines also support MRI's for neurologic signs and symptoms. In this case, the treater has asked for an MRI of right brachial plexus outlet and Cervical-spine which is reasonable for patient's persistent neurologic symptoms. Therefore, the request for Right brachial plexus thoracic outlet and cervical MRI is medically necessary and appropriate.

**Consult at Physiotherapy Associates:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), chapter 7, page 127.

**Decision rationale:** This patient presents with neck and right upper extremity pain/numbness. The treater has asked Consult at physiotherapy associates on 2/27/14. The 2/27/14 report states patient had physical therapy apparently for her wrist for carpal tunnel syndrome, and physical therapist was the one who suggested patient may have thoracic outlet syndrome. Number of sessions and effect of physical therapy are not described in reports. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient seems to have recently been diagnosed with thoracic outlet syndrome and a physical therapy consultation would be reasonable for patient's condition. As such, the request for Consult at Physiotherapy Associates is medically necessary and appropriate.

**Eight sessions with a specialty physical therapist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

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

**Decision rationale:** This patient presents with neck and right upper extremity pain/numbness. The treater has asked eight sessions with a specialty physical therapist on 2/27/14. The 2/27/14 report states patient had physical therapy apparently for her wrist for carpal tunnel syndrome, and physical therapist was the one who suggested patient may have thoracic outlet syndrome. Number of sessions and effect of physical therapy are not described in reports. MTUS guidelines allow for 14 sessions of physical therapy for brachial plexus lesions. In this case, patient has not had recent physical therapy for the patient's questionable thoracic outlet syndrome. Requested 8 physical therapy sessions specifically directed at brachial plexus outlet is reasonable and within MTUS guidelines. Therefore, the request for eight sessions with a specialty physical therapist is medically necessary and appropriate.