

Case Number:	CM14-0044938		
Date Assigned:	07/02/2014	Date of Injury:	08/06/2013
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/12/2014

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 Pain Medicine 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:

This is a 21-year-old female who sustained a remote industrial injury on 08/06/13 diagnosed with probable thoracic outlet syndrome. Mechanism of injury occurred while the patient repetitively lifted boxes over her head and developed severe aching of her right shoulder. The request for 18 Physical Therapy Visits for the Brachial Plexus Area was denied at utilization review due to the lack of documentation specifying the number of physical therapy sessions completed, the lack of significant functional deficits concerning the shoulders, and the requested 18 sessions exceeds the recommended 14 visits for the diagnosis of thoracic outlet syndrome. The most recent progress note provided is an Orthopaedic Report, dated 02/19/14, but this report does not contain any significant information regarding the patient's subjective and objective findings. The most recent progress note of substance is 01/28/14. Patient complains primarily of pain in her right neck, shoulder, and arm, along with tingling in her right hand and fingers. Patient rates her pain as a 7/10 and reports aggravation triggered by movement, lifting, repetitive motion, and writing. Physical exam findings reveal Abduction External Rotation and Elevated Arm Stress tests are positive bilaterally. Current medications are not listed. The treating physician is requesting an MRI of the brachial plexus and physical therapy. Provided documents include several progress reports and Utilization Reviews. The patient's previous treatments include an unspecified number of physical therapy sessions, medication, and a cortisone injection. Imaging studies provided include an Nerve Conduction Study (NCS)/Electromyography (EMG) of the upper extremity, performed on 10/30/13, which yielded normal results.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Visits for the Brachial Plexus Area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation, Online Edition Chapter: Shoulder -Physical Therapy.

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

Decision rationale: According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation, including the previous utilization review, notes that the patient has participated in physical therapy in the past. However, the number of sessions completed and any functional improvement obtained as a result is not delineated. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in an independent home exercise program. Lastly, the frequency of this request is not specified and a rationale is not provided for the excessive number of sessions requested. For these reasons, medical necessity is not supported and the request for 18 Physical Therapy Visits for the Brachial Plexus Area is not medically necessary and appropriate.