

Case Number:	CM14-0066486		
Date Assigned:	07/11/2014	Date of Injury:	11/01/2011
Decision Date:	09/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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 and is licensed to practice in Nevada. 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 46-year-old female who was reportedly injured on 11/1/2011. The mechanism of injury was noted as repetitive stress injury. The most recent progress note dated 2/27/2014, indicated that there were ongoing complaints of neck and right upper extremity pain and numbness. Physical examination demonstrated cervical flexion/extension 20 degrees and rotation 80 degrees, positive Spurling's Maneuver with tingling into the right thumb, 5/5 strength in upper extremities, decreased sensation in right first through third fingers, positive Tinel's test over right carpal tunnel and negative on left, positive right Phalen's test. There is no atrophy to the hands. Deep tendon reflexes 1+ in UE bilaterally. Negative Hoffman's test. Positive right brachial stretch. Tinel's test over right brachial plexus and Adson's test with loss of pulse and reproduction of paresthesias. There is also tenderness to right cervical paraspinal musculature with spasm. Electrodiagnostic study, dated 10/31/2012, revealed median neuropathy at the wrist. Previous treatment included carpal tunnel injection (ineffective), physical therapy, occupational therapy, home exercise program and medications. A request was made for right brachial plexus, thoracic outlet and cervical magnetic resonance image, consult at [REDACTED] and eight sessions with a specialty physical therapist, which were not certified in the utilization review on 4/10/2014.

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 AT UCSF:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines support an magnetic resonance image (MRI) for patients with radicular pain syndromes that have not improved with conservative treatment or for progressive neurological deterioration if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records document chronic neck pain and right hand numbness since a repetitive stress injury was reported in 2011. Electrodiagnostic studies in 2012 showed evidence of carpal tunnel syndrome. No plain radiographs available for review. Physical exam revealed positive testing for Thoracic outlet compression syndrome; however, given the lack of documentation of multiple neurological abnormalities spanning more than one nerve root, history of neoplasm or any signs/symptoms consistent with myelopathy, this request is not considered medically necessary per guideline criteria.

CONSULT OF [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98-99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of 10 visits. Review, of the available medical records, fails to demonstrate any improvement in pain or function with physical therapy in the past, and it is unclear how many sessions the injured worker has undergone. In the absence of clinical documentation to support a new physical therapy consultation and/or additional visits, this request is not considered medically necessary.

EIGHT SESSIONS WITH A SPECIALTY PHYSICAL THERAPIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of 10 visits. Review, of the available medical records, fails to demonstrate any improvement in pain or function with physical therapy in the past, and it is unclear how many sessions she has undergone. In the absence of clinical documentation to support additional visits, this request is not considered medically necessary.