

Case Number:	CM14-0072683		
Date Assigned:	07/16/2014	Date of Injury:	08/06/2013
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 21-year-old female with a date of injury of 08/06/2013. The listed diagnosis per [REDACTED] is probable thoracic outlet syndrome. According to progress report 01/20/2014 by [REDACTED], the patient suffers from temporary total disability due to pain in her right neck, shoulder, and arm, as well as tingling in the right hand and wrist. The patient rates her pain as 7/10 on the pain scale. Treater states prior to this date, the patient has tried "4 weeks of physical therapy to help alleviate her symptoms, but she states that it failed." The treater would like to provide further evaluation and possible treatment. Examination revealed negative Tinel's and Phalen's tests and motor and sensory are normal. Treater recommends 18 sessions of physical therapy for the cervical spine, right shoulder, and right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions for the Cervical Spine, Right shoulder, and Right Arm:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98,99.

Decision rationale: This patient presents with pain in her right neck, shoulder, and arm, as well

as tingling in the right hand and wrist. There are no PT progress reports provided for review, but [REDACTED] notes the patient has tried 4 weeks of physical therapy and reports the therapy had "failed." The treater reports he would like to continue treatment and recommended 18 additional sessions. The treater does not provide a rationale for this request and there is no request for authorization. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms, 9 to 10 sessions over 8 weeks. In this case, the patient has undergone "4 weeks of physical therapy" in the past, which the treater notes failed. It is unclear why the treater is requesting additional 18 sessions at this time. In any case, the requested 18 sessions exceeds what is recommended by MTUS. Recommendation is for denial.