

Case Number:	CM14-0083139		
Date Assigned:	07/21/2014	Date of Injury:	04/07/2010
Decision Date:	09/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 who reported an injury on 04/07/2010. The mechanism of injury was not provided. The diagnostic studies were noted to include an MRI of the right brachial plexus, right elbow, right shoulder, and an MRI of the cervical spine. The injured worker had an EMG/NCV of the bilateral upper extremities. Medications were noted to include Ultram ER and cyclobenzaprine. The prior treatments were noted to include trigger point and botox injections, as well as, 24 sessions of physical therapy. The surgical history included a right shoulder arthroscopy and carpal tunnel release, cubital tunnel release, and Guyon's canal release. The documentation of 04/08/2014 revealed the injured worker had temporary benefit from trigger point injections and the botox in the pectoralis was more helpful than anything else. The injured worker had shoulder girdle asymmetry and the physician documented the injured worker would benefit from the scapular brace. The physician opined the only other option would be a referral for thoracic outlet surgical consultation. The documentation of 05/19/2014 revealed the injured worker had cervical pain and worsening right shoulder symptoms. The surgical history was not provided. The injured worker was noted to have mild tenderness over the infraclavicular area and severe tenderness over the supraclavicular area. The strength of all major groups in the shoulder was 4/5. There was moderate atrophy of the thenar and moderate atrophy of the hypothenar muscle. The injured worker was noted to have right scalene, upper trapezius, and paraspinal muscle spasms in the cervicobrachial region. In the right shoulder, the injured worker had muscle spasms in the right teres minor and right middle trapezius. There were positive trigger points with a twitch response. The injured worker's posture was noted to be altered due to right shoulder depression and internal rotation of the right shoulder. The diagnoses included other chronic pain, myofascial pain with trigger points, and neurovascular compression syndrome. The treatment plan included repeat ultrasound

guided trigger point injections to the right parascapular, paraspinal, teres, and trapezius and thoracic outlet syndrome specific physical therapy x 8 sessions as well as a followup on the request for the Spinal Q postural brace. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical therapy.

Decision rationale: The California MTUS Guidelines recommend 9 to 10 visits for myalgia and myositis. However, they do not specifically address thoracic outlet syndrome. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the physical medicine treatment for thoracic outlet syndrome is 14 visits over 6 weeks and when treatment duration and/or number of visits exceed the Guidelines, exceptional factors should be noted. The clinical documentation submitted for review indicated the injured worker previously had 24 sessions of physical therapy. However, the body part that was treated was not specifically stated and could not be ascertained. There was a lack of documentation indicating that the injured worker had treatment specifically directed at thoracic outlet syndrome and without clarification, this request would not supported. There was a lack of documentation of exceptional factors to warrant nonadherence to Guideline recommendations. Given the above, the request for physical therapy is not medically necessary.

POSTURAL BRACE (SPINAL Q BRACE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 524.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Spinal Q Brace is a postural brace. This request was previously denied due to a lack of documentation of medical necessity. The documentation of 05/19/2014 indicated the injured worker had signs and symptoms of shoulder girdle laxity with resultant neurovascular compression and the brace was being recommended to improve the shoulder girdle mechanics, assist with support and suspension, center the humeral head optimally and provide proprioceptive benefit. The medical necessity would be to center the humeral head,

assist with support and suspension and improve shoulder girdle mechanics. This request is supported. Given the above, the request for postural brace (Spinal Q brace) is medically necessary.