

Case Number:	CM13-0017536		
Date Assigned:	10/11/2013	Date of Injury:	02/19/2010
Decision Date:	02/27/2015	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 42 year old female who suffered an industrial related injury on 2/19/10 while lifting dockets, a pile of them fell onto her left forearm and pulled her to the ground. A physician's report dated 6/21/13 noted the injured worker was working part time with restrictions. Diagnoses included chronic neck pain secondary to degenerative spondylosis of the cervical spine with history of left C6,7 radiculopathy, chronic left shoulder pain secondary to rotator cuff tear with repair, chronic pain disorder associated with psychological factors, and severe depression. A physician's report dated 12/17/13 noted the injured worker had complaints of left shoulder, left arm, and neck pain. The injured worker appeared to have both nociceptive and neuropathic pain components. Brachial plexopathy and compression of the left brachial plexus was noted. The injured worker was taking Norco, Gabapentin, Triazolam, Escitalopram, Tizanidine, Etodolac, and Medroxin. Diagnoses included chronic left shoulder pain, degenerative osteoarthritis, chronic left shoulder pain, brachial plexopathy nerve pain, pain disorder with psychological factors, and insomnia due to chronic pain. The physician recommended 8 physical therapy visits. On 8/21/13 the utilization review (UR) physician modified the request for 8 physical therapy sessions. The UR physician noted a trial of physical therapy is recommended and with documentation of objective functional improvement, ongoing physical therapy may be indicated. It was clear the injured worker had undergone physical therapy previously; however the injured worker had not been seen by a physical therapist that specialized in brachial plexopathy lesions. The request was modified to 4 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Left Brachial 2x/week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

Decision rationale: Physical Therapy to the Left Brachial 2x/week for 4 weeks is not medically necessary per the MTUS Guidelines. and the ODG .The MTUS states that physical therapy should be directed towards an active self directed home program. The documentation indicates that the patient has had prior cervical spine therapy. The ODG states that prior to considering thoracic outlet surgery the criteria for the various types of diagnoses and treatment for thoracic outlet need to be met. For Neurogenic TOS:1. Conservative Care: Physical therapy leading to home exercise for a minimum of 3 months. PLUS 2. Subjective Clinical Findings: In the affected upper extremity, all of the following must be found: (a) Pain, (b) Numbness or paresthesia in the ulnar nerve distribution. PLUS 3. Objective Clinical Findings: In the affected upper extremity, all of the following electrodiagnostic abnormalities must be found: (a) Reduced amplitude median motor response, (b) Reduced amplitude ulnar sensory response, (c) Denervation in muscles innervated by lower trunk of the brachial plexus.The Criteria for Vascular TOS, Arterial: 1. Subjective Clinical Findings: At least three of the following must be present in the affected upper extremity: (a) Pain, (b) Swelling or heaviness, (c) Decreased temperature or change in color, (d) Paresthesias in the ulnar nerve distribution. PLUS 2. Objective Clinical Findings: At least one of the following: (a) Pallor or coolness, (b) Gangrene of the digits in advanced cases. PLUS 3. Imaging Clinical Findings: Abnormal arteriogram.Criteria for Vascular TOS, Venous: 1. Subjective Clinical Findings: At least three of the following must be present in the affected upper extremity: (a) Pain, (b) Swelling or heaviness, (c) Decreased temperature or change in color, (d) Paresthesias in the ulnar nerve distribution. PLUS 2. Objective Clinical Findings: At least two of the following: (a) Swelling of the arm, (b) Venous engorgement, (c) Cyanosis. PLUS 3. Imaging Clinical Findings: Abnormal venogram.The ODG states that the cause, diagnosis, and treatment are controversial. The clinical findings in thoracic outlet syndrome (TOS) may be similar to those in carpal tunnel syndrome, ulnar neuropathy, or cervical radiculopathy. A physician should consider these alternative diagnoses before requesting TOS surgery.Over 85% of patients with acute Thoracic Outlet Compression symptoms will respond to a conservative program, including exercise.The documentation does not indicate that the patient has met the subjective and objective criteria for vascular or neurogenic thoracic outlet syndrome therefore the request for Physical Therapy to the Left Brachial 2x/week for 4 weeks is not medically necessary.