

Case Number:	CM14-0187745		
Date Assigned:	11/18/2014	Date of Injury:	08/01/2008
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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 American Board of Internal 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:

The injured worker (IW) is a 53-year-old woman with a date of injury of August 1, 2008. The mechanism of injury was not documented in the medical record. The IW has been treated for left upper extremity complaints. She has had two previous procedures for release of the brachial plexus. The records revealed that the IW has received at least 8 physical therapy sessions to date. It is unclear as to the body part that was being treated. Pursuant to the office visit note by the vascular surgeon dated September 16, 2014, the IW complains of left neck, shoulder, arm and hand pain rated 8/10. The pain is associated with numbness and tingling. Physical exam reveals AER is negative and no dilated neck veins noted. TOS post op pectoralis minor tendon release is mildly improved. The IW has been diagnosed with thoracic outlet syndrome. The orthopedic surgeon initiated the request for authorization. He has requested physical therapy. The body part that is to be treated has not been documented. There are no clinical notes or progress reports by the orthopedic surgeon to accompany the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY: 18.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy

Decision rationale: Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy. See guidelines for specific details. In this case, the injured worker is a 53-year-old woman with multiple medical problems and a date of injury on August 1, 2008. The working diagnoses are status post left thoracic outlet release surgery; status post L5 - S1 microdiscectomy; residual vascular headaches secondary to thoracic outlet syndrome; bilateral upper extremity radial nerve peripheral neuropathy; left shoulder rotator cuff tendinopathy and adhesive capsulitis; and clinical bilateral piriformis syndromes. A progress note dated January 20, 2014 showed a request for physical therapy to the upper and lower back for 2 sessions per week times 4 weeks. There is no documentation indicating whether these were completed. A review of the medical record did not disclose any additional plans for physical therapy (initial or subsequent). It is unclear whether the requested 18 sessions are part of the initial physical therapy or subsequent physical therapy to the affected area. Additionally, the affected area to be treated is not documented in the medical record. The utilization review indicates physical therapy is medically necessary following brachial plexus release surgery. Continued physical therapy is conditional on documentation of objective functional improvement with the first set of physical therapy sessions. The UR indicates there was a request for 18 physical therapy visits, 10 visits were approved, and however, there was no documentation indicating objective functional improvement with the initial 10 visits. Consequently, absent the appropriate clinical documentation with objective functional improvement, physical therapy 18 sessions is not medically necessary.