

<b>Case Number:</b>	CM14-0193650		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 58 year old female with a date of injury of 09/05/2006. She had a high pressure air/water injection injury. The listed diagnoses included left cervical radiculopathy, left thoracic outlet syndrome with surgical repair (VATS left first rib resection) on 04/10/2014, left rotator cuff tendonitis. She had left shoulder range of motion exercise three times a day for 40 minutes. She already completed left upper extremity physical therapy three times a week for three months. On 10/30/2014 she had cervical spine, thoracic spine, left shoulder, left wrist and right wrist tenderness to palpation. Spurling's maneuver was negative. Tinel's sign and Phalen's sign were negative at both wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**35 Physical Therapy visits for the left upper extremity with evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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) 2014, Thoracic Outlet Syndrome.

**Decision rationale:** ODG 2014 notes that for surgery for thoracic outlet syndrome there should be a three month physical therapy course of treatment that failed for the patient to be a surgical candidate. It is unclear how many physical therapy visits she had prior to the surgery. This patient had thoracic outlet surgery on 04/10/2014 and then completed physical therapy three times a week for three months after surgery. The requested additional 35 visits of Physical Therapy exceeds the maximum number of visits allowed as per ODG. Therefore, the requested Physical Therapy is not medically necessary and appropriate.