

Case Number:	CM15-0004832		
Date Assigned:	01/16/2015	Date of Injury:	11/19/2013
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old female with an industrial injury dated 11/19/2013. Her diagnoses include pain in limb, myalgia, and myositis unspecified, thoracic outlet syndrome, and weakness of hand. She has been treated with medications, neck brace and hand/wrist brace, physical therapy, a home exercise program and activity restrictions. In a progress note dated 12/10/2014, the treating physician reports improvement in temperature of hands after exercises, improvement in numbness, improvement with movement in fingers, improved range of motion in both arms, but continued tightness in the hands and pain in the proximal arms despite treatment. The objective examination revealed abnormalities in upper extremity muscle tone, muscle knots in the upper body muscles, tenderness to palpation in the elbows, and decreased grip strength. The medication list includes Ibuprofen. Patient has received an unspecified number of massage and acupuncture visits for this injury. She had received 6 PT visits without significant improvement. The patient has used a wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x6 sessions over 6 weeks for thoracic outlet syndrome per 12/10/14 #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): page 98.

Decision rationale: Request: additional physical therapy times 6 over 6 weeks for thoracic outlet syndrome. The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Patient has received an unspecified number of massage and acupuncture visits for this injury. She had received 6 PT visits without significant improvement. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Additional physical therapy x6 sessions over 6 weeks for thoracic outlet syndrome per 12/10/14 #6 is not fully established for this patient.