

<b>Case Number:</b>	CM15-0185481		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on July 9, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having thoracic outlet syndrome. Treatment to date has included diagnostic studies and medication. On July 13, 2015, the injured worker underwent thoracic outlet surgery on the right with "minimal" improvement so far after three weeks, as noted in progress report dated August 10, 2015. On July 28, 2015, the injured worker presented for a venogram post-op visit. She complained of right upper extremity pain on her neck, shoulder, arm, hand and fingers with numbness on her right fingers. There was bilateral tingling and color change on her right hand and fingers. She rated her pain level as a 4 on a 0-10 pain scale. Assessment noted stated thoracic outlet syndrome, improved. The treatment plan included physical therapy for thoracic outlet syndrome and a follow-up visit. On August 27, 2015, utilization review denied a request for six sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The patient presents with right upper extremity pain in her neck, shoulder, arm, hand and fingers with numbness in her right fingers, bilateral tingling and color change in her right hand and fingers and coldness sensation in her right arm, hand and fingers. The current request is for 6 additional sessions of physical therapy. The peer review dated 8/27/15 (8A) notes that 12 sessions of PT have previously been approved. The patient is status post thoracic outlet syndrome surgery, 7/13/15. The treating physician requests on 7/28/15 physical therapy treatment for thoracic outlet syndrome. MTUS Post-Surgical Treatment Guidelines state, "Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Postsurgical treatment: 20 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months." The Post-Surgical MTUS Guidelines recommend a total of 20 post-surgical treatments over 10 weeks. In this case, the patient was previously approved for 12 post-operative physical therapy sessions. The MTUS post-surgical treatment guidelines state that up to 20 sessions are allowed following surgery for Brachial plexus lesions (Thoracic outlet syndrome). The reports provided indicate that the patient is improving and the treating physician has recommended continued PT care. The current request is medically necessary.