

Case Number:	CM15-0205082		
Date Assigned:	10/22/2015	Date of Injury:	09/16/2014
Decision Date:	12/03/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, 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, who sustained an industrial injury on 9-16-2014. The injured worker was being treated for thoracic outlet syndrome (TOS). The injured worker (6-1-2015) reported ongoing TOS symptoms that are temporarily relieved by therapy (2-2.5), but symptoms returns. There was no documentation of a physical exam on 6-1-2015. The injured worker (7-13-2015) reported ongoing thoracic outlet syndrome complaints, especially on the right. The physical exam (7-13-2015) reveals "the objective is consistent with the patient's TOS symptoms." The treating physician noted decreased sensation and circulation pulses. The injured worker (8-4-2015) reported ongoing neck, left side of the head, and right upper extremity pain. Associated symptoms include right arm, hand, and fingers numbness; right hand and fingers tingling; and right arm, hands, and fingers cold sensation. The physical exam (8-4-2015) reveals strongly AER and EAST tests on the right and mild on the left, dilated bilateral neck veins with arms elevated, Erb's point tenderness at the pectoralis minor tendon space. The electro-myography and nerve conduction studies (11-15-2014) stated that there were findings consistent with right medial cord brachial plexopathy and thoracic outlet syndrome. Per the treating physician (6-1-2015 report), A bilateral MRI and MRA of the brachial plexus was performed on 3-27-2015 had findings consistent with right upper TOS. Treatment has included at least 34 sessions of physical therapy, chiropractic therapy, massage, acupuncture, a workstation ergonomic evaluation, an interferential unit, a heating pad, work restrictions, and non-steroidal anti-inflammatory medication. Per the treating physician (7-13-2015 report), the injured worker continues to work with restrictions. The requested treatments included an additional 18 sessions

of physical therapy for the neck and right shoulder. On 10-15-2015, the original utilization review non-certified a request for an additional 18 sessions of physical therapy for the neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the neck and right shoulder (18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 27.

Decision rationale: According to the guidelines, therapy for the shoulder/brachial plexopathy should not exceed 14 visits over 6 weeks. In this case, the claimant already had over 30 sessions of therapy. The additional 18 sessions exceeds the guidelines recommendations. There is no indication that additional therapy cannot be completed at home. The request for the therapy is not medically necessary.