

Case Number:	CM15-0040144		
Date Assigned:	03/10/2015	Date of Injury:	04/08/2004
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 a work related injury April 8, 2004. According to a primary treating physician's follow-up consultation report, dated January 23, 2015, the injured worker presented with continued achiness in her right upper extremity, neck, and right shoulder area. Examination demonstrates diffuse pain and tenderness in the trapezius area. She has limitation of range of motion of the right shoulder with a positive Adson maneuver. Diagnosis is documented as possible thoracic outlet syndrome, right upper extremity. Treatment recommendations included a request for authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the thoracic spine for 3 times a week for 4 weeks (12):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with unrated pain and ache to the right upper extremity, neck, and right shoulder. The patient's date of injury is 04/08/04. Patient has no documented surgical history directed at these complaints. The request is for outpatient physical therapy for the thoracic spine for 3 times a week for 4 weeks -12. The RFA is dated 02/05/15. Physical examination dated 01/23/15 reveals diffuse pain and tenderness to palpation of the upper trapezius area and reduced cervical range of motion in all planes, positive Adson maneuver. The patient is currently prescribed Tramadol, Prilosec, and Anaprox. Diagnostic imaging was not included. Patient is classified as permanent and stationary, is not working. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The provider is requesting 12 sessions of physical therapy for the management of this patient's continuing thoracic and shoulder pain. Progress note dated 01/23/15 implies that this patient has completed an unspecified number of physical therapy sessions to date, though does not discuss efficacy. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the requested number of sessions exceeds guideline recommendations, which specify only 10. Therefore, this request is not medically necessary.