

<b>Case Number:</b>	CM15-0084401		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 27 year old female with an industrial injury dated 08/22/2014 resulting in injury to neck and left shoulder. Her diagnosis was post traumatic left sided thoracic outlet syndrome. Prior treatments were diagnostics to include MRI of her neck, pain medications, muscle relaxants and physical therapy. Cervical spine x-rays were done with report documented in the 01/26/2015 note. She presents on 03/23/2015 for follow up. She continued to have ongoing complaints in her neck and left upper extremity with numbness in her bilateral hands. She had undergone approximately 7 physical therapy sessions focusing on her cervical spine. Physical examination revealed limited range of motion of the cervical spine with pain. There was tenderness in the left trapezius. Left shoulder range of motion was limited with flexion to approximately 150 degrees and abduction to approximately 120 degrees. Adson's test was positive. Tinel's testing was negative. Treatment plan included to continue physical therapy with focus on her left shoulder. Medications were refilled. She was to continue full duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-252. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; Physical Therapy Guidelines; Thoracic Outlet Syndrome Indications for Surgery.

**Decision rationale:** According to MTUS; most workers with acute thoracic outlet compression syndrome will respond to a conservative program of global shoulder strengthening. This individual has not completed any physical therapy strengthening on her shoulder area. She has completed 7 sessions of physical therapy for her cervical spine pain. ODG recommends; "physical therapy leading to home exercise for a minimum of 3 months prior to considering the individual for surgical intervention". Furthermore, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home treatment plan. ODG infers that a course of physical therapy should be completed prior to consideration of further treatment modalities including surgery, injection, etc. As this IW has completed zero sessions of shoulder physical therapy, moving forward this request is a reasonable course of therapy. As requested, physical therapy 2x6 for the left shoulder is medically necessary.