

<b>Case Number:</b>	CM13-0036417		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/28/2000
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 34-year-old female who reported an injury on March 28, 2000. The mechanism of injury was not provided in the medical records. After significant conservative care to include physical therapy, night splinting, NSAIDs, and thoracic outlet, specific physical therapy, the patient was diagnosed with brachial plexus lesions; myalgia and myositis not otherwise specified (NOS); and carpal tunnel syndrome. The patient received an Electrical muscle stimulation (EMS) / Nerve Conduction Study (NCS) in February 2013 that resulted in findings of bilateral brachial plexopathies, confirming thoracic outlet syndrome. The patient was referred to a cardiothoracic surgeon in March 2013 that did not recommend surgery at this time. She was then referred to a neurologist that requested an MRI and MR angiogram to further determine if she would be a candidate for surgery. The patient and her medical providers have opted to proceed with conservative care at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for six (6) physical Therapy visits of myofascial release therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104.

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

**Decision rationale:** The California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For myalgia and myositis as well as neuralgia and neuritis, guidelines recommend 9 to 10 visits of physical therapy. However, it is noted in the primary treating physician's progress report (PR-2) dated September 17, 2013, that the patient has received Edgelow therapy twice before without benefit. It is also noted in the clinical records that the patient is not attempting to perform any home exercises or stretches. The patient shows no significant range of motion deficits in any area except cervical flexion which is noted to be 40 degrees. She is noted to have intact sensation and motor strength as well as reflexes. In addition, the request does not state whether the myofascial release is to be active or passive. Without objective documentation supporting the need for this therapy, medical necessity cannot be established. As such, the request for 6 physical therapy visits of myofascial release therapy is not medically necessary and appropriate.

**request for an MRI of the thoracic outlet and bilateral brachial plexus:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 211-212.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that most patients with thoracic outlet syndrome will respond to a conservative program; however, for those patients that have progressive weakness, atrophy, and neurological dysfunction, surgical decompression may be considered. Before progressing with surgery, confirmatory electrophysiologic testing and/or magnetic resonance angiography must be performed. However, the patient does not fit the characteristics of a surgical candidate; she shows no objective signs of progressive weakness, atrophy, or neurological dysfunction. Her physical examination repeatedly detailed upper extremity motor strength of 5/5 with no sensory deficits. She does have mild decreased grip strength; however, this does not qualify her as a surgical candidate at this time. The information provided for review does not support surgical intervention and therefore the need for confirmatory MRI/MRA is not indicated. As such, the request for MRI of the thoracic outlet and bilateral brachial plexus is not medically necessary and appropriate.

**request for 100 units of Botox:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Section Page(s): s 25.

**Decision rationale:** The California MTUS Guidelines do not recommend Botox injections for any condition other than cervical dystonia. In the medical records submitted for review, there was no documentation that indicated the patient exhibited signs of, nor does she have confirmed

diagnoses of, cervical dystonia. As such, the rrequest for 100 units of Botox is not medically necessary and appropriate.