

Case Number:	CM14-0168303		
Date Assigned:	10/15/2014	Date of Injury:	02/05/2013
Decision Date:	11/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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 47-year-old female with date of injury of 02/05/2013. The listed diagnoses per the treater from 09/26/2014 are: 1. Thoracic outlet syndrome. 2. Cervical spondylosis. 3. Degenerative disk disease. 4. C5 and C6 radiculopathy. According to this report, the patient complains of neck pain and bilateral arm pain. Recently, the patient states that she cannot forward flex her arm higher than her shoulder without having symptoms in her left arm greater than the right arm. She also has neck pain which radiates from the cervical spine down to the shoulders bilaterally. The patient has had physical therapy for treatment of thoracic outlet syndrome. However, she states that she only received 1 per week for 3 months. She states that while she was in therapy, she felt that there was an improvement. However, since discontinuation, she felt that the symptoms have increased and the pain has increased and occurred every day. The examination shows the patient has a normal non-antalgic gait. Spurling's test is positive. The patient had normal motor sensation and reflexes in the evaluated extremities. Non-tender to palpation throughout the bilateral upper extremities and did not have any pain during range of motion testing. The records include an MRI of the cervical spine from 04/30/2014 and an ultrasound of the right upper extremity from 05/27/2014. The utilization review denied the request on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 3 times per week for 6weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC - Physical Medicine

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

Decision rationale: This patient presents with neck and bilateral arm pain. The treater is requesting 18 physical therapy visits. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 04/01/2014 report shows that the patient's symptoms have persisted and worsened. She reports swelling in her hand. The examination of the fingers show range of motion is mildly limited and tight with full composite flexion. There is no thenar atrophy. The 07/01/2014 report shows that the patient is reporting gradually worsening symptoms in both hands. She reports ongoing hand pain, swelling, numbness, tingling, and color and temperature changes in the hands. The patient continues to report significant functional difficulties. The 09/26/2014 reports show that the patient cannot forward flex her arm higher than her shoulder without having symptoms in the left arm greater in the right arm. She has had physical therapy for treatment of thoracic outlet syndrome and she reports improvement with therapy. However, since discontinuation of therapy, she felt that her symptoms have increased and is constantly getting worse. The utilization review denied the request stating that the patient's prior surgery for thoracic outlet syndrome was followed by 10 sessions of postoperative physical therapy on 11/15/2013. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. In this case, the patient has utilized formal therapy on 11/2013 and should have transitioned into a self-directed home exercise program to improve strength and range of motion. For current flare-up and worsening symptoms, the patient may benefit from a short course of therapy but the requested 18 sessions exceed what is allowed per MTUS. The request is not medically necessary.