

Case Number:	CM14-0168547		
Date Assigned:	10/16/2014	Date of Injury:	09/19/2009
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
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 Internal Medicine 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 an injured worker with the diagnosis of thoracic outlet syndrome. Date of injury was 09-19-2009. Regarding the mechanism of injury, the patient fell backwards in her chair. Medical management report dated December 22, 2013 documented the patient's medical history which was notable for thoracic outlet syndrome, status post left elbow decompression performed on 4/14/11, right shoulder impingement, status post transaxillary first rib section done on 4/9/12, status post left supraclavicular completion of scallectomy, neurolysis of the brachial plexus, lysis and release of the subclavian artery, and lysis and release of the subclavian vein and the internal jugular vein. The patient was getting PT physical therapy for the TOS thoracic outlet syndrome recommended. Operative report dated 08/19/13 documented the performance of left supraclavicular completion of scalenectomy, neurolysis brachial plexus, lysis and release of subclavian artery, and lysis and release of subclavian vein and internal jugular vein. The progress report dated 08/19/14 documented subjective complaints of pain bilaterally in the head, neck, shoulders, arms, hands, and fingers, numbness and coldness in her right shoulder and bilaterally in arms, hands, and fingers, tingling in her left neck, her right shoulder and bilaterally in the arms, hands, or fingers. The patient tried physical therapy to help alleviate her symptoms; however, her symptoms have recurred and they are worse now. Objective findings were documented. The AER and EAST tests are positive bilaterally on physical examination. Dilated neck veins on the right with the arms elevated. Impression was thoracic outlet syndrome. Treatment plan was angiogram and venogram with possible percutaneous transluminal angioplasty of the head, neck and arm vessels to assess the exact site and severity of thoracic outlet compression. Eighteen physical therapy sessions were approved on 6/18/14. A additional eighteen visits of physical therapy were requested on 9/15/14. Utilization review determination date was 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 18 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for thoracic outlet syndrome, 20 visits over 10 weeks of postsurgical physical therapy are recommended. The postsurgical physical medicine treatment period for thoracic outlet syndrome is 6 months. Medical records document the diagnosis of thoracic outlet syndrome. Date of injury was 09-19-2009. Operative report dated 08/19/13 documented the performance of left supraclavicular completion of scalenectomy, neurolysis brachial plexus, lysis and release of subclavian artery, and lysis and release of subclavian vein and internal jugular vein. Medical management report dated December 22, 2013 documented that the patient was getting PT physical therapy for the TOS thoracic outlet syndrome. The patient had surgery for thoracic outlet syndrome on 08/19/13. The patient was participating in physical therapy in December 2013. Eighteen physical therapy sessions were approved on 6/18/14. Additional eighteen visits of physical therapy were requested on 9/15/14. The request for 18 additional physical therapy visits would exceed MTUS guidelines recommendations. No exceptional factors justifying exceeding guidelines were noted. The request for 18 additional physical therapy visits for thoracic outlet syndrome is not supported. Therefore, the request for Physical therapy 18 visits is not medically necessary.