

Case Number:	CM14-0044482		
Date Assigned:	07/02/2014	Date of Injury:	02/19/1999
Decision Date:	06/03/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic arm, shoulder, and elbow pain reportedly associated with an industrial injury of February 19, 1999. In a Utilization Review report dated March 13, 2014, the claims administrator partially approved a request for 16 sessions of physical therapy as eight sessions of the same. The claims administrator referenced a February 17, 2014 RFA form and January 20, 2014 progress note in its determination. Non- MTUS Guidelines on physical therapy for thoracic outlet syndrome were invoked, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a RFA form dated February 17, 2014, 16 sessions of physical therapy, a posture vest, consultation, and both MRI imaging and MRA imaging were endorsed, apparently to search for suspected thoracic outlet syndrome (TOS). In an associated progress note dated January 20, 2014, the applicant reported episodic complaints of severe right and/or left upper extremity pain with certain activities. It was suggested that the applicant was working despite ongoing pain complaints. The applicant did possess grip strength ranging from 50-54 pounds about the right hand versus 62-66 pounds about the left hand. Upper extremity strength scored at 5/5 bilaterally was reported. The applicant had undergone amputation of the right thumb, it was reported. A well- healed surgical scar was noted about the right elbow. The attending provider administered right shoulder corticosteroid injection. Voltaren, Prilosec, and Methoderm gel were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Physical Therapy visits 2x8 as an outpatient for right thoracic outlet syndrome: Upheld

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

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

Decision rationale: No, the request for 16 sessions of physical therapy for right thoracic outlet syndrome was not medically necessary, medically appropriate, or indicated here. The 16-session course of therapy proposed represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and neuritis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, however, the January 20, 2014 progress note suggested that the applicant had already returned to work as of that point in time. The applicant was described as possessed of well-preserved upper extremity grip strength and well-preserved upper extremity power, despite having undergone earlier elbow surgery and despite having undergone earlier thumb amputation surgery. A clear rationale for such a lengthy, protracted course of treatment was not furnished. It was not clearly stated or clearly established why the applicant could not transition to self-directed home-based physical medicine, just as the applicant had already returned to work. Therefore, the request was not medically necessary.