

Case Number:	CM15-0042116		
Date Assigned:	03/12/2015	Date of Injury:	08/30/2012
Decision Date:	05/29/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female, who sustained an industrial injury on 08/30/2012. She reported gradually experiencing pain in her right hand and index finger after typing for long hours. The injured worker is currently diagnosed as having bilateral ulnar neuritis and bilateral nonspecific thoracic outlet syndrome. Treatment and diagnostics to date has included cervical spine MRI, electromyography, physical therapy, occupational therapy, yoga exercises, chiropractic treatment, and medications. In a progress note dated 01/06/2015, the injured worker presented with complaints of numbness and tingling in her right hand and a constant ache in the left side of her neck. The treating physician reported requesting authorization for physical therapy for thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 visits of Physical therapy for thoracic outlet syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient presents with complaints of numbness and tingling in her right hand and a constant ache in the left side of her neck. The request is for 8 VISITS OF PHYSICAL THERAPY FOR THORACIC OUTLET SYNDROME. There is no RFA provided and the patient's date of injury is 08/30/12. The diagnoses include bilateral ulnar neuritis and bilateral nonspecific thoracic outlet syndrome. Per 01/06/15 report, physical examination of the upper extremities, revealed upper limb tension testing is positive for involvement of the ulnar nerves at both elbows. Hyberabduction is positive, bilaterally. There are no symptoms with compression over the thoracic outlet. Flexing both elbows reproduces the ulnar nerve symptoms, and there is positive Tinel's, bilaterally. Mild Phalen's and Durkan's at both wrists over the carpal tunnel and Tinel's is negative. Adson's is unremarkable. Treatment and diagnostics to date has included cervical spine MRI, electromyography, physical therapy, occupational therapy, yoga exercises, chiropractic treatment, and medications. Currently the patient only utilizes Flector patches and no other medications. The patient is working modified duty. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. Treater is requesting 8 sessions of physical therapy for the management of the patient's thoracic outlet syndrome. UR letter dated 02/04/15 states this patient has completed an unspecified number of physical therapy sessions and occupation therapy to date. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the requested number of sessions exceeds guideline recommendations, which specify only 10 total. Therefore, this request IS NOT medically necessary.