

Case Number:	CM13-0019672		
Date Assigned:	10/11/2013	Date of Injury:	08/31/2011
Decision Date:	01/21/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation 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 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 46-year-old female who reported an injury on 08/31/2011. The patient is currently diagnosed with a cervical spine strain with cervical radiculopathy, arthralgia of the bilateral elbows, tendinosis of the bilateral wrists, bilateral shoulder impingement, a prior lumbar laminectomy in 2011 and complaints of depression, anxiety and sleep difficulty. The patient was recently seen by [REDACTED], on 09/10/13. The patient complained of persistent neck pain as well as left shoulder and elbow pain. Physical examination revealed muscle spasms in the trapezius musculature, positive impingement signs bilaterally, positive Neer's and Hawkins tests bilaterally, tenderness of the bilateral elbows, tenderness in the dorsum and volar aspects of the bilateral wrists with diminished light touch in the thumb, index and middle fingers bilaterally and positive Phalen's testing bilaterally. The patient was given a lidocaine, Marcaine and Celestone injection. Further treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left scalene release therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state most patients with acute thoracic outlet compression symptoms will respond to a conservative program of global shoulder strengthening and ergonomic changes. While not well supported by high grade scientific studies, cases with progressive weakness, atrophy and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to an electromyography-guided scalene block, confirmatory electrophysiologic testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery. As per the clinical notes submitted, the patient was seen on 08/26/2013. Physical examination revealed left scalene tenderness, left periscapular tenderness and decreased left shoulder range of motion with left costoclavicular abduction test and left Roos test as well as dysesthesia in the left C8-T1 dermatome. The patient was diagnosed with a repetitive stress injury, mild left thoracic outlet syndrome with associated double crush findings and C5-6 and C6-7 discogenic disease. There is no evidence of this patient's unresponsiveness to previous conservative treatment prior to the request for a surgical intervention. The patient does not demonstrate significant neurologic dysfunction or muscle atrophy upon physical examination. Additionally, there is no evidence of a confirmatory response to an electromyography-guided scalene block. Therefore, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

Diagnostic soft tissue ultrasound with Doppler flow studies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

Decision rationale: The Official Disability Guidelines state arterial ultrasound for thoracic outlet syndrome testing is not recommended. Clinical tests for vascular thoracic outlet syndrome generally incorporate shoulder horizontal flexion and extension, abduction and external rotation. The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are, however, unknown. Clinical decisions based on false positive outcomes have serious implications for mistreatment, such as inappropriate surgical intervention; therefore, it is imperative that the clinical decision is not based on these test outcomes alone. Further research is required to determine the cause of heterogenous responses in asymptomatics and to discover the means to improve test specificity. As the Official Disability Guidelines do not recommend arterial ultrasound for thoracic outlet syndrome testing, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.