

Case Number:	CM13-0033027		
Date Assigned:	12/06/2013	Date of Injury:	11/04/2011
Decision Date:	12/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old female with a date of injury on 11/4/2011. The patient has the diagnosis of thoracic outlet syndrome and is status post an anterior and middle scalenectomy on 9/13/2013. Subjective complaints are of decreased burning pain in the right forearm and wrist, but still with symptoms in the ulnar nerve distribution. Patient saw a specialist for a posture vest that improved symptoms. Other treatments included physical therapy, massage, TENS, and nerve glide exercises. Physical exam showed unbalanced shoulders, supraclavicular edema, scapular winging, and tenderness over the brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treat with [REDACTED] for body: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127 Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ACOEM guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, consultation is requested for a specialist in bracing for thoracic outlet syndrome. Consulted sources indicate that the body buoy is a padded, rigid orthosis that adducts and elevates both scapula while sitting. CA MTUS and the ODG do not address this type of brace. This patient has thoracic outlet syndrome, and consultation with a specialist to be evaluated for bracing is appropriate. Therefore, the medical necessity for consultation is established.