

Case Number:	CM13-0039113		
Date Assigned:	12/18/2013	Date of Injury:	03/12/2013
Decision Date:	02/18/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	10/02/2013

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 Radiology and is licensed to practice in Texas. 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 25-year-old female who reported an injury on 03/12/2013. The injury was noted to have occurred while she was loading a wheelchair onto a bus and felt a sharp pain in her lower back. Her diagnoses include cervical/thoracic strain, left shoulder impingement syndrome, possible left upper extremity complex regional pain syndrome, possible left carpal tunnel syndrome/cubital tunnel syndrome, and lumbosacral strain. At her 07/30/2013 office visit, it was noted that her pulse "goes away" and she has reproduction of her symptoms with forward flexion of her left shoulder. A diagnosis was added of probable left thoracic outlet syndrome. A recommendation was made for a duplex vascular ultrasound of the bilateral upper extremities to assess for thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for duplex vascular ultrasound left upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to an article by Call, "symptoms of thoracic outlet syndrome are primarily brought on by changes in the arm position, which can compress blood vessels and/or

nerves in the thoracic outlet. Noninvasive testing combined with a detailed history and thorough physical examination are noted to be the initial steps in diagnosing thoracic outlet syndrome. Useful physical examination tools are described as orthopedic tests, including the elevated arm stress test, Adson's test, as well as assessments of the upper extremity strength and range of motion. Additionally, plain x-ray studies of the chest and cervical spine should be obtained in order to provide information regarding the evidence of cervical ribs, rudimentary ribs, and abnormal transverse processes." The office note dated 07/30/2013 notes that the patient had reproduction of her symptoms and loss of her pulse with forward flexion of her left shoulder. However, significant orthopedic tests were not noted to have been performed and there were no results of plain chest and cervical spine x-rays provided for review. Duplex vascular ultrasounds are recommended following these initial steps. However, in the absence of evidence of positive orthopedic tests and the recommended x-rays, the request is not supported. As such, the request is non-certified.

Request for duplex vascular ultrasound right upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to an article by Call, "symptoms of thoracic outlet syndrome are primarily brought on by changes in the arm position, which can compress blood vessels and/or nerves in the thoracic outlet. Noninvasive testing combined with a detailed history and thorough physical examination are noted to be initial steps in differentiating and diagnosing thoracic outlet syndrome. Useful physical examination tools are described as the elevated arm stress test, Adson's test, as well as assessments of the upper extremity strength and range of motion. Additionally, plain x-ray studies of the chest and cervical spine should be obtained in order to provide information regarding the evidence of cervical ribs, rudimentary ribs, and abnormal transverse processes." The office note dated 07/30/2013 notes that the patient had reproduction of her symptoms and loss of her pulse with forward flexion of her left shoulder. The patient was not noted to have symptoms or objective findings related to her right upper extremity. For these reasons, the request is not supported.