

Case Number:	CM14-0017130		
Date Assigned:	04/14/2014	Date of Injury:	02/19/2010
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

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 50-year-old male who reported an injury on 02/19/2010. The mechanism of injury was not provided. The current diagnoses include cervicalgia, left cubital tunnel syndrome, left cervical thoracic mass, and status post left shoulder rotator cuff debridement and Mumford procedure. The injured worker was evaluated on 01/17/2014. The injured worker reported headaches, left elbow pain, numbness, neck pain, and thoracic pain. Physical examination revealed moderate tenderness in the midline cervical spine, spasm, limited cervical range of motion, and intact sensation. The treatment recommendations included a left arterial ultrasound for possible left-sided thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ARTERIAL ULTRASOUND FOR POSSIBLE LEFT SIDED TOS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Version: Arterial Ultrasound TOS Testing.

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, Arterial Ultrasound TOS Testing.

Decision rationale: The Expert Reviewer's decision rationale: The Official Disability Guidelines state arterial ultrasound for thoracic outlet syndrome testing is not recommended. The effect of these clinical tests on blood flow for detecting arterial compromise is unknown. Therefore, the current request cannot be determined as medically appropriate. There is also no objective evidence of thoracic outlet syndrome upon physical examination. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.