MAXIMUS Federal Services

Case Number:	CM14-0119835		
Date Assigned:	08/08/2014	Date of Injury:	05/18/2005
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Practice 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 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:

36 yr. old female claimant sustained a work injury on 5/18/05 involving the right upper extremity, right hand and neck. A vascular study in December 20111 indicated disappearance of flow with abduction in the left upper extremity. She was diagnosed with thoracic outlet syndrome and underwent a left 1st rib resection. She had an additional diagnoses of right carpal tunnel syndrome. A progress note on 6/16/14 indicated the claimant had right finger pain and tenderness in the supraclavicular region. She had a palpable nodule in the right index finger. She was diagnosed with right finger tenosynovitis and was recommended to undergo surgery. A subsequent request was made for a repeat vascular study of both upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat vascular arterial duplex scan bilateral upper extremity study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Washington State Guidelines, Shoulder chapter, arterial ultrasound TOS testing

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) Thoracic Outlet Syndrome and pg 211 Chronic Pain Medical Treatment Guidelines

Decision rationale: According to the ACOEM guidelines, an MRA with flow study is recommended prior to considering surgery for thoracic outlet syndrome. A confirmatory response to an EMG scalene block can be done as well. In this case, the claimant had already undergone surgery. There was no indication of a new outlet obstruction or arterial insufficiency on examination. The current complaints are in the right hand. The prior surgery was done on the right side for the thoracic outlet obstruction. The request for bilateral arterial studies is not medically necessary.