

<b>Case Number:</b>	CM14-0129256		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Orthopedic surgery 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:

The claimant is a 58-year-old female who was injured on 05/30/13 when she was hit in the head by a falling object. The impact resulted in neck and back complaints. The medical records provided for review include the report of the 06/03/14 electrodiagnostic studies of the upper extremities that were negative. A progress report of 06/23/14 revealed continued complaints of pain in the neck and upper extremities with physical examination showing a positive Adson's test bilaterally. The report did not contain any documentation of physical examination findings. The claimant was diagnosed with thoracic outlet syndrome and was documented to have failed a considerable course of conservative care. This review is for further diagnostic testing to include a Doppler Plethysmography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doppler Plethysmography:** 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, Arterial Doppler Ultrasound TOS Testing section.

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

Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure, Arterial ultrasound TOS testing.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for Doppler Plethysmography is not recommended as medically necessary. The Official Disability Guidelines do not recommend this test due to the lack of clear clinical evidence to support the role of arterial ultrasound testing for the diagnosis of thoracic outlet syndrome as there is high evidence of false positive outcomes resulting in serious mistreatment of individuals as inappropriate surgical candidates. The lack of support for specific clinical findings of arterial ultrasound testing would fail to support its need in this individual.