

Case Number:	CM14-0177408		
Date Assigned:	10/30/2014	Date of Injury:	02/27/2012
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, has a subspecialty in Gastroenterology and is licensed to practice in Florida. 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 injured worker is a 29 year old female who reported injury on 02/27/2012. The mechanism of injury was a fall. She is diagnosed with thoracic outlet syndrome. Her past treatments included splinting/bracing, work restrictions, multiple left wrist surgeries, activity modification, elevation of the left upper extremity, ice/heat application, medications, steroid injections, home exercise, and use of a Dynasplint. On 04/17/2014, the injured worker had an initial consultation with a specialist and was diagnosed with thoracic outlet syndrome with moderate venous and lymphatic findings, and early periscapular atrophy. Recommendation was made for MRI/MRA to confirm her diagnosis and a custom combination scapulothoracic orthosis with lumbar stabilization. A 07/14/2014 note indicated that the treatment for thoracic outlet syndrome should include physical therapy and counseling for activity modification. On 08/26/2014, the injured worker presented with pain around the elbow and dorsal wrist, popping, and clicking. She also reported intermittent swelling and coolness of the hand. Her physical examination revealed tenderness of the common extensor origin and coolness of the left hand. Her medications were noted to include Flexeril and Norco. It was noted that she had not received treatment for thoracic outlet syndrome due to the controversy between her treating physician's treatment plans. It was noted that a combination of the two treatment plans would "likely" be the "most effective approach." A request was received for a custom molded thoracic outlet vest orthosis for purchase as the injured worker reported significant alleviation of her symptoms after a short in-office trial. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded thoracic outlet vest orthosis for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment

Decision rationale: The request for a custom molded thoracic outlet vest orthosis for purchase is not medically necessary. The Official Disability Guidelines recommend durable medical equipment (DME) generally if there is a medical need if the device can withstand repeated use and can be rented and used for successive patients, is primarily and customarily used to serve a medical purpose, is generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The injured worker was noted to have thoracic outlet syndrome. After a consultation in 04/2014, a recommendation was made for additional documentation to confirm the diagnosis; however, it is unclear whether this testing has occurred. There was also a noted conflict between her treating physician's treatment plans for this condition as one recommended physical therapy and psychological treatment and the other recommended the requested custom brace. Due to these conflicting recommendations, clarification is needed. The requested DME also does not meet the criteria for DME according to the guidelines as it is unclear whether it serves a primarily medical purpose and as a custom orthosis could not be rented or used by successive patients. Based on the above, the request is not medically necessary.