

<b>Case Number:</b>	CM14-0066111		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 & Emergency Medicine 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:

This patient is a 58 year-old with a date of injury of 11/19/11. A progress report associated with the request for services, dated 04/14/14, identified subjective complaints of neck pain into the arm and shoulder. It is painful for him to lift his arm and there is also numbness. Objective findings included normal range of motion of the cervical spine. There was some decreased and painful range of motion of the left shoulder. Sensory function and reflexes were normal. Strength was slightly decreased in the deltoid. Adson's sign was negative. Diagnoses included (paraphrased) unable to rule-out thoracic outlet syndrome; unable to rule-out cervical radiculopathy; unable to rule-out left shoulder impingement syndrome. A Utilization Review determination was rendered on 04/25/14 recommending non-certification of "Doppler Ultrasonography of the upper extremities".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doppler Ultrasonography of the upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states: "Thoracic outlet syndrome (TOS) has signs and symptoms of scalene tenderness, positive Tinel's sign over the brachial plexus, and positive maneuvers that provoke neurovascular signs and symptoms. Tests for TOS are of questionable value. Once all other diagnoses have been ruled out and TOS is suspected, referral to a specialist is recommended if invasive treatment is entertained as an option." In this case, the record does not document the above signs and symptoms and all other diagnoses have not been ruled out. Therefore, the record does not document the medical necessity for a doppler ultrasound of the upper extremity. As such, the request for Doppler Ultrasonography of the upper extremities is not medically necessary and appropriate.