

Case Number:	CM14-0133432		
Date Assigned:	08/25/2014	Date of Injury:	02/23/2012
Decision Date:	03/05/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female with a date of injury as 02/23/2012. The cause of the injury occurred when she was sitting and her violent boss stood up and lunged towards her and she got up quickly and yanked the door open and ran out of the office with noted pain in her right chest and scapula, as well as her cervical spine. The current diagnoses include thoracic outlet syndrome affecting the right upper extremity, and solid arthrodesis at C5-C6 and C6-C7. Previous treatments include cervical fusion 01/03/2013, medications, acupuncture, and physical therapy. Primary treating physician's reports dated 04/21/2014 and 05/05/2014, and qualified medical examination report dated 01/29/2014 were included in the documentation submitted for review. Report dated 05/05/2014 noted that the injured worker presented with complaints that included ongoing pain that radiates around her right infraclavicular area, down her right arm and then also into the right trapezial area. Physical examination revealed a positive Adson sign with abduction and extension of the right shoulder, cutting off the injured worker's radial pulse. Associated with this the injured worker has increased pain, numbness to light touch and pinwheel prick into the small, ring, and index fingers. Radiographs taken did not reveal any abnormalities. The physician noted that the electromyography and nerve conduction study showed mild cubital tunnel syndrome on the right, but the actual report was not included for review. The physician noted that it was strongly possible that the injured worker has thoracic outlet impingement and felt that further evaluation by a vascular surgeon be performed. Qualified medical examination performed on 01/29/2014 documented that one of the diagnostic impressions included rule out vascular/neurologic compromise. The injured worker is temporarily

totally disabled. The utilization review performed on 07/15/2014 non-certified a prescription for a consultation with a vascular surgeon based on no documentation to support a trial of conservative care for treatment of thoracic outlet syndrome, and no documentation of a surgical condition such as cervical rib. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with vascular surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC online version

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: This patient presents with bilateral shoulder and right hip. The patient also has pain in the chest on the right side under the clavicle and upper ribcage. The current request is for CONSULTATION WITH VASCULAR SURGEON. The Utilization review denied the request stating that there is no documentation of surgical condition for which surgical consultation is medically necessary. The treating physician states in his report dated 4/21/14, that the patient needs to be evaluated by Dr. ■, a vascular surgeon with extended expertise in thoracic outlet syndrome. It was noted that the patient may benefit from a thoracic outlet decompressive procedure. The American College of Occupational and Environmental Medicine (ACOEM), Second Edition, (2004), chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treating physician is seeking secondary opinion from a specialist regarding possible surgical intervention. This request is supported by ACOEM guidelines. The requested consultation IS medically necessary.