

Case Number:	CM14-0200348		
Date Assigned:	12/10/2014	Date of Injury:	04/01/2009
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of April 1, 2009. A utilization review determination dated December 18, 2014 recommends noncertification of a right upper extremity arterial ultrasound. Noncertification was recommended due to a lack of rationale indicating why this study would be necessary or documentation of a relevant physical examination of the upper extremity. A report dated November 10, 2014 requests an upper extremity arterial ultrasound stating that the patient "is to see a vascular surgeon in regards to treatment options as she is failed conservative care. The surgeon is requesting authorization for upper extremity arterial ultrasound to be done at his visit and will not see her for consult until this is authorized." A progress report dated November 6, 2014 identifies subjective complaints of right elbow pain with aching, numbness, stiffness, and weakness. The patient also has right forearm, right shoulder, and right wrist pain. The patient is taking medications as prescribed but states that they are less effective. Physical examination findings reveal restricted range of motion in the patient's shoulder with positive orthopedic tests, decreased strength with shoulder flexion, elbow flexion, and hand intrinsic muscle testing. Diagnoses include brachial neuritis or thoracic outlet syndrome, myofascial pain syndrome, bicipital tenosynovitis, and carpal tunnel syndrome. The treatment plan states that the patient continues to have findings of thoracic outlet syndrome with myofascial pains and shoulder pains. She is not better with conservative treatment including physical therapy, home exercise program, and massage. A vascular referral is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Upper Extremity Arterial Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www1.radmd.com/media/613121/upper-extremity-arterial-duplex-scan-334-us-93930-sept-2013.pdf>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www1.radmd.com/media/613121/upper-extremity-arterial-duplex-scan-334-us-93930-sept-2013.pdf>.

Decision rationale: Regarding the request for upper extremity arterial ultrasound, California MTUS and ACOEM do not contain criteria for this study. National Imaging Associates reviewed the medical literature and recommended the use of upper extremity ultrasound for arm or hand claudication, finger discoloration or ulcer, unilateral cold painful hand, Raynaud's phenomenon, suspected positional arterial obstruction (TOS), upper extremity trauma with suspicion of vascular injury, discrepancy in arm pulses, periclavicular bruit, pre-op radial artery harvest, presence of pulsatile mass or hand ischemia after upper extremity vascular access, and presence of bruit after upper extremity access for intervention. Within the documentation available for review, it appears the requesting physician is concerned about thoracic outlet syndrome. However, there are no physical examination findings supporting this diagnosis. There is no documentation provided indicating that a vascular exam has been performed, upper extremity pulse or blood pressure comparisons have been made, and no documentation of any vascular or neurologic changes with upper extremity positioning. In the absence of such documentation, the currently requested upper extremity arterial ultrasound is not medically necessary.