

<b>Case Number:</b>	CM15-0137001		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	02/18/2015
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Pain Management

### 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 32-year-old female who sustained an industrial injury on February 18, 2015. She has reported right greater than left upper extremity pain and has been diagnosed with right greater than left thoracic outlet syndrome, confirmed by MRI and C3 vertebral body marrow lesion. Treatment has included injections, chiropractic care, and heat. Objective findings note there is a positive right brachial plexus stretch more so than the left. There is positive Tinel's bilateral cubital tunnel. There is tenderness over the right brachial plexus. She has 5/5 strength bilaterally in deltoids, biceps, triceps, supraspinatus, digital interossei, abductor pollicis, flexor digitorum profundus, and finger extensors with normal sensation in bilateral upper extremities. The treatment request included a referral to a thoracic outlet specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One referral to thoracic outlet specialist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 171, 180.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for referral to thoracic outlet specialist, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the documentation notes clinical and imaging findings suggestive of thoracic outlet pathology. In light of the above, the currently requested referral to thoracic outlet specialist is medically necessary.