

Case Number:	CM15-0147094		
Date Assigned:	08/10/2015	Date of Injury:	09/01/2011
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: Preventive Medicine, Occupational Medicine

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 36-year-old female who sustained an industrial injury on 09-01-2011 when injured her wrist while moving a heavy box slightly above shoulder level. The injured worker was diagnosed triangular fibrocartilage tear left wrist and left ulnar nerve entrapment, rule out scapulothoracic impingement and rule out thoracic outlet syndrome. The injured worker is status post left ulnar nerve decompression and left wrist arthroscopy for triangular fibrocartilage tear in March 2013. Treatment to date has included diagnostic testing, surgery, wrist brace, physical therapy and medications. According to the primary treating physician's progress report on June 24, 2015, the injured worker continued to experience pain from the left lateral neck down to her left hand and last two digits. Examination demonstrated mild supraclavicular tenderness on the left side with full range of motion of the left shoulder, elbow, wrist and all digits of the left hand. Sensation and motor strength examination was intact. Tinel's sign was negative at the median and ulnar nerves of the left wrist and ulnar nerve at the left elbow. Right grip was noted at 60 pounds and left at 50 pounds. Current medication is noted as Flexeril. Treatment plan consists of continuing with pain management and the current request for a Color Doppler ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Color doppler ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Arterial ultrasound TOS testing, Ultrasound, Diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic), Arterial ultrasound TOS testing and Other Medical Treatment Guidelines Foley JM, Finlayson H, Travlos A. A Review of Thoracic Outlet Syndrome and the Possible Role of Botulinum Toxin in the Treatment of This Syndrome. *Toxins*. 2012; 4(11):1223-1235.

Decision rationale: Ultrasound imaging (sonography) is a noninvasive technique used for visualizing internal body structures including tendons, muscles, joints, vessels and internal organs for possible pathology or lesions. Color doppler ultrasound can detect speed of movement so is used to identify blood flow or muscle movement abnormalities. It may be helpful in the treatment of thoracic outlet syndrome (TOS). TOS is a diagnosis related symptoms from impingement of neurovascular bundle supplying the upper limb. Clinically this presents as neurogenic symptoms, vascular symptoms or both. Color doppler ultrasound will help when symptoms are of a vascular nature (arm pain, arm edema, arm cyanosis, evidence of arm ischemia (pallor, paresthesias, claudication). When presenting with neurogenic symptoms (pain, paresthesias and numbness in the neck, shoulder, arm and hand) electrodiagnostic studies would be indicated. This patient has signs and symptoms suggestive of neurologic TOS. A color doppler study is not indicated at this time. Medical necessity has not been established.