

Case Number:	CM15-0164949		
Date Assigned:	09/02/2015	Date of Injury:	06/15/2012
Decision Date:	10/23/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: Hawaii, California, Iowa

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:

This is a 40 year old female who has reported neck, back, and upper extremity pain after an injury on 6-15-2012. The diagnoses include cervical degenerative disc disease and cervical radiculitis. Treatment has included medications. Per the QME of 6/11/15, there were no neurological deficits. The diagnoses were cervical strain, questionable carpal tunnel syndrome, and a tremor. There was no diagnosis of thoracic outlet syndrome, and no recommendation for thoracic outlet syndrome studies. Electrodiagnostic testing on 7/6/15 showed mild median nerve slowing at the wrists and a possible movement disorder. There was no evidence for thoracic outlet syndrome. Primary treating physician medical reports during 2015 reflect ongoing, regional right shoulder and right arm symptoms of pain and paresthesias. Chronic medications included gabapentin, Effexor, and Ambien. Several reports mention a pending diagnostic Doppler ultrasound to rule out thoracic outlet syndrome, with the original request apparently on 6/19/15. Adson's sign on the right was equivocally positive. No other neurological or vascular deficits were noted. The most recent report was dated 7/8/15, with similar findings and recommendations as in the prior reports. There were no findings highly suggestive of thoracic outlet syndrome. On 7/27/15 Utilization Review non-certified a Doppler ultrasound of the right upper extremity, noting the Official Disability Guidelines indications for diagnostic ultrasound and the lack of evidence for thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic doppler ultrasound of the right upper extremity Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, testing for thoracic outlet syndrome.

Decision rationale: The MTUS, ACOEM Guidelines cited above recommends a physical medicine program and ergonomic changes for cases of suspected thoracic outlet syndrome. For patients with progressive weakness, atrophy, and neurological dysfunction, testing and surgery are options. The tests listed included scalene blocks, electrodiagnostic testing, and MRA prior to considering surgery. The Doppler ultrasound is not a listed, recommended test in the MTUS. The treating physician has not described a failed course of specific physical medicine treatment for suspected thoracic outlet syndrome. There are no good signs of thoracic outlet syndrome in the available records, including in the QME report, and the QME made no recommendation for pursuing a diagnosis of thoracic outlet syndrome. The injured worker has had at least two electrodiagnostic tests of the upper extremities, neither of which showed evidence of thoracic outlet syndrome. The Official Disability Guidelines recommends against "Arterial ultrasound TOS testing". The Doppler ultrasound of the right upper extremity is not medically necessary based on the cited guidelines, the QME, and the lack of sufficient clinical signs and symptoms for thoracic outlet syndrome.