

Case Number:	CM15-0194837		
Date Assigned:	10/08/2015	Date of Injury:	11/13/2012
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 39 year old female, who sustained an industrial injury on 11-03-2012. The injured worker was diagnosed as having thoracic outlet syndrome and left pectoralis minor tendon release post-op. On medical records dated 08-03-2015 and 09-01-2015, the subjective complaints were noted as recent left pectoralis minor tendon myotomy post -op visit, bilateral upper extremity pain on her neck, shoulder arms , hands and finger with bilateral numbness, tingling, color change and coldness sensation in arm, hands and fingers. Objective findings were noted as upper extremity fatiguing and pain with trapezial and tenderness. East test was positive bilaterally. Left sides Erb's point tenderness at pectoralis minor tendon space was noted. The injured worker was noted to have minimal dilated neck veins with elevated arms. The injured worker has undergone arteriogram and venogram. The injured worker was noted to be temporary totally disabled. The provider recommended surgical intervention left supraclavicular scalenectomy, neurolysis of brachial plexus release of subclavian artery and vein. Current medications were listed as Tylenol-Codeine and Levothyroxine. The Utilization Review (UR) was dated 09-11-2015. A Request for Authorization was dated 09-01-2015. The UR submitted for this medical review indicated that the requests for Pre-op laboratory studies were modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs to include CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative lab evaluation.

Decision rationale: The injured worker is undergoing vascular surgery for thoracic outlet syndrome. There is a possibility of perioperative blood loss. As such, ODG guidelines recommend a CBC, therefore is medically necessary.

Pre-op labs to include CMP: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative lab testing.

Decision rationale: The injured worker has been taking various analgesic medications. There is a history of chronic pain. As such, a complete metabolic panel is appropriate and supported by ODG guidelines, therefore is medically necessary.

Pre-op labs to include PT/PTT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative lab testing.

Decision rationale: According to ODG guidelines coagulation studies may be performed in patients with a history of bleeding. The injured worker has a history of nosebleeds per review of systems. As such, coagulation studies are appropriate before surgery, therefore is medically necessary.