

Case Number:	CM15-0197564		
Date Assigned:	10/15/2015	Date of Injury:	05/29/2012
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/07/2015

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: Emergency 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 42 year old female, who sustained an industrial injury on 05-29-2012. A review of the medical records indicates that the worker is undergoing treatment for cervical and lumbar spine sprain-strain with radicular complaints and status post right shoulder arthroscopic surgery. Subjective complaints (05-28-2015) include neck, right upper extremity, right shoulder and low back and hip and right leg pain rated as 9-10 out of 10. Objective findings (05-28-2015) include an anxious, stressed and tired appearance, severe right scalene tenderness with brachial plexus, Tinel and associated right Adson and costoclavicular abduction test and Roos test, tenderness over the right radial tunnel with positive radial nerve compression and right wrist Tinel, associated hypoesthesia at the right C8-T1 dermatome, significant right sided piriformis pain, tenderness, right piriformis Tinel and positive FAIR test. The physician noted that authorization was being requested for a color Doppler ultrasound examination of the brachial plexus for screening of presumed thoracic outlet syndrome which was the likely cause for her ongoing severe headaches, neck and right upper extremity pain. Subjective complaints (06-30-2015) include neck, bilateral shoulder and low back pain that was rated as 3-5 out of 10. Subjective complaints (07-28-2015) include moderate neck, shoulder, low back and hip pain that was not rated. Objective findings (06-30-2015 and 07-28-2015) showed tenderness to palpation of the neck and trapezial musculature, right greater than left, right shoulder, and paralumbar muscles, restricted range of motion of the cervical spine and right shoulder and lumbar muscle spasms. Treatment has included pain medication, physical therapy, acupuncture and chiropractic therapy. A utilization review dated 09-08-2015 non-certified a request for color Doppler ultrasound of the brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Color Doppler ultrasound of the Brachial Plexus: 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), 2013 (Online Version) Shoulder Chapter, Arterial Ultrasound.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Arterial ultrasound TOS testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, ultrasound for thoracic outlet syndrome is not recommended due to high risk for false positives. Patient already has a history of thoracic outlet syndrome, it is unclear why this test was needed or how it would change management. The request is not medically necessary.